drugnet IRELAND

Issue 15
Autumn 2005

Newsletter of the Drug Misuse Research Division

NDC Journals
Tables of contents of top journals delivered to your desktop
– see page 21

Launch of first regional drugs task force strategy

Mr Noel Ahern, Minister of State with responsibility for the National Drugs Strategy, launched the strategy document of the North Eastern Regional Drugs Task Force (NERDTF) – the first strategy to be published by a regional task force – on 7 July 2005. This was in the same week that the minister announced an allocation of €2.5 million to initiate the action plans for six of the ten regional drugs task forces. The NERDTF will receive €290,000 of this allocation in addition to their existing resources.

Left to right: Dr Nazih Elden, Mr Michael Mulvey, Mr Noel Ahern TD, Mr Pat Shields, Ms Lesley O'Sullivan

The document presents strategic priorities to address the problem of drug misuse in the region identified through consultation with stakeholders and communities.[1] The NERDTF has estimated that it will cost €2,350,000 annually for all the priority actions to be implemented.

Some of the more important strategic interests are:

- A comprehensive approach to drug and alcohol misuse through the inclusion of alcohol in the terms of reference for the regional drugs task force
- A focus on prevention of substance misuse among the school-age population and their parents
- A range of treatment and rehabilitation options for those with problem substance use to permit the development of individualised care plans and treatment
- A need to develop harm-reduction approaches to drug use, for example, needle-exchange schemes and drop-in centres
- A number of research priorities which include describing drug use among hidden populations and developing quality standards for the services.

Mr Michael Mulvey, community representative for Co Cavan, welcomed all present to the launch. Ms Lesley O'Sullivan, Health Service Executive representative on the NERDTF, described the consultation process, which took place between April and September 2004. The participating agencies included community organisations, special interest groups, young people and health professionals. Mr Pat Shields, Chairperson of the NERDTF, reported that the needs of parents (of drug users) had largely been overlooked in the past and the inclusion of their needs in prevention, treatment and rehabilitation activities in this strategy was timely.

Mr Ahern said that the NERDTF strategy outlines the 'profile of the drugs issue within the North-East, identifies current services, highlights the gaps which exist in service provision and recommends priority actions for future service planning and delivery'. He emphasised the need for wide community support for prevention, treatment and rehabilitation activities in the region. He reported that it was important to attract drug users to and retain them in treatment and stressed that drug-using profiles within communities change and it was important that interventions were flexible enough to respond to such changes.

Dr Nazih Eldin, interim co-ordinator for NERDTF, presented a review of a number of the recommendations under the pillars of the National Drugs Strategy and showed how the NERDTF strategy aligned with them. Dr Eldin called for the immediate appointment of a full-time co-ordinator and the immediate allocation of a budget to facilitate the vital work identified by the group. *(Siobhán Reynolds)*

1. North Eastern Regional Drugs Task Force (2004) *Regional Drugs Strategy 2005–2008.* Navan, Co Meath: North Eastern Regional Drugs Task Force.

contents

Monitoring youth media for emerging drug-use trends

Because of the hidden nature of illegal drug use, a time lag usually exists between the appearance of a new trend in illegal drug use and the production and dissemination of data about it. For example, the first published accounts of ecstasy use appeared in articles written in 1985 by journalists – a decade before drug information agencies began collecting and reporting data on ecstasy.

In such circumstances, youth media have been identified as a potentially valuable source for monitoring emerging drug-use trends among young people. To coincide with International Day against Drug Abuse and Illicit Trafficking, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published a thematic paper, *Youth Media,* on its website, which reports on a study that tested the utility and validity of youth media for this purpose.

Five EU member states – Finland, Greece, Ireland, Portugal and the UK – collaborated in a voluntary EMCDDA project, in which a total of 1,763 drug references from 26 print magazines with large circulations targeting mainstream young people (aged 15–30 years) in the five countries were collected between December 2001 and September 2002. Deborah Olszewski of the EMCDDA led the project and the research into Irish youth media was undertaken by DMRD staff member Brigid Pike and student researcher Sandra Leibrand.

The magazines were scanned for textual and visual drug references. These references were coded and analysed using quantitative methods, together with selected descriptive texts to validate the coding and to deepen understanding. The editors of the magazines were interviewed about editorial practices regarding the coverage of drugs issues. The six UK and Irish youth magazines surveyed in the study accounted for 61 per cent of the drug references.

The study concludes that youth lifestyle magazines, which target readers with young 'outgoing' lifestyles who are interested in new trends and do not condemn drug use as a matter of principle, are a useful source for monitoring and triangulating evidence of signs of early use of new drugs. According to the study, youth media monitoring is, moreover, a low-cost source of information as the content analysis workload can be flexible and carried out when researcher time allows.

Overall, the three drugs most frequently mentioned in the print media surveyed were cannabis, ecstasy and cocaine, with 10 per cent of drug mentions referring to combinations with alcohol. This reflects the findings of epidemiological surveys, which generally report relatively high prevalence estimates of the use of cannabis, ecstasy and cocaine. Drugs that are less commonly used (heroin, crack) were mentioned less often.

The study also shows that youth media can contribute to a deeper understanding of the nature of emerging drug-use trends. Youth magazines are more likely than mainstream magazines to cover both the risks and benefits of cannabis and ecstasy use. In contrast, they adopt a more proscriptive approach to heroin and crack – focusing exclusively on negative aspects in a broadly similar way to mainstream newspapers and magazines. Furthermore, the drug references that carry messages about drugs and drug use give more or less equal coverage to the positive and negative aspects. The positive aspects of drug use most frequently mentioned were the psychological and relaxant effects, followed by increased physical energy. On the negative side, the acute physical risks of drug use, addiction and psychological problems were mentioned more often than other risks. Ecstasy was the drug most often mentioned in relation to acute physical risk. Cannabis was the drug most often mentioned in relation to psychological risk, closely followed by alcohol and cocaine.

The study discusses a number of issues to be considered in designing and conducting a youth media monitoring project. There is a high turnover of magazine titles, which makes it difficult to monitor magazines over time and renders key informants important as sources of up-to-date advice on appropriate youth print media. Magazines to be included in such a study should have relatively large circulation figures, in order to gain insights into the potential for widespread diffusion of emerging drug trends by exploring drug fashions and attitudes to drug use. Those coding the drug references should be familiar with street-level drug terms and culture as youth magazines often refer to drugs by relatively allusive or conjectural 'street' names or in picture formats. In analysing the data, regard should be had to the legal controls exerted over the way drugs may be covered in the national magazine industry. For example, in Ireland, Section 5 of the Misuse of Drugs Act 1984 forbids any publication that 'advocates or encourages … the use of any controlled drug' or advertises 'any use of a pipe, utensil or other thing for use by persons, for or in connection with the use of a controlled drug'. Such a legal constraint may inhibit magazines' coverage of drug issues.

Currently in Ireland, independent of this EMCDDA initiative, a Drug Trend Monitoring System, which will collect primary data as well as analyse secondary data on a range of drug use indicators in order to identify nationwide trends in drug use, is being piloted by the National Advisory Committee on Drugs. A report on this pilot, and the methods that have been tested, is due to be submitted to the Cabinet Committee on Social Inclusion for consideration later in 2005. *(Brigid Pike)*

Recommended changes to Drugs Strategy performance indicators

The National Drugs Strategy 2001–2008[1] contains more than 20 Key Performance Indicators (KPIs) across its four pillars and under the co-ordination theme. The KPIs are used to monitor the progress of the Strategy in meeting its objectives. *The Mid-term review of the National Drugs Strategy*[2] outlines progress under each KPI and recommends that a number of KPIs be replaced, amended or discontinued. These changes are outlined below under each of the four pillars and under the co-ordination theme.

Supply reduction

The National Drugs Strategy identified five KPIs to measure progress under the supply reduction pillar. The mid-term review recommends that these be replaced by three new KPIs. The first of these relates to the volume of drugs seized:

- Volume of drugs seized increased by 50 per cent based on 2000 figures.

There has been an increase in the volume of drugs seized in most drug categories using seizures in 2000 as a base. The volume of heroin seized by An Garda Síochána and Customs and Excise, as reported in the Garda annual reports, remained relatively stable between 2000 and 2003. However, the volume of cannabis resin, cocaine, amphetamine and ecstasy seized increased during the same period.

Although the volume of drugs seized can be a useful indicator of law enforcement activities, a difficulty with using volume as an indicator is that the quantities of drugs seized can vary significantly from year to year, with a few very large seizures in one year distorting the overall picture. The number of separate seizures is generally regarded as a more useful indicator. The second KPI recommended addresses this issue by focusing on the number rather than the volume of seizures:

- Number of seizures increased by 20 per cent based on 2004 figures.

The mid-term review reports a public perception that drug law enforcement is focused disproportionately on possession rather than on supply prosecutions. Consequently, the third new supply reduction KPI focuses on supply offences:

- Number of supply detections increased by 20 per cent based on 2004 figures.

Prevention

The National Drugs Strategy set out nine KPIs to measure progress under the prevention pillar. The mid-term review recommends replacing these with four new KPIs, two relating to demand reduction and two to addressing educational disadvantage:

- The 3 Source Capture–Recapture study estimate of opiate misusers, which will be released in 2007, to show a stabilisation in terms of overall numbers and to show a reduction of 5 per cent in the prevalence rate based on 2001 figures (published in 2003).
- The NACD Drug Prevalence Survey, due to be released in 2007, to show a reduction of 5 per cent in the prevalence rate of recent and current use of illicit drugs in the overall population based on the 2002/03 rate.[3]
- Substance use policies in place in 100 per cent of schools.
- Early school leaving in local drugs task force (LDTF) areas reduced by 10 per cent based on the 2005/06 rate.

Repeated NACD surveys over time will be very useful for monitoring the impact of the National Drugs Awareness Campaign. The Capture–Recapture study and the NACD Drug Prevalence Survey have replaced the ESPAD study[4] as data sources to assess progress under the prevention pillar in reducing demand for drugs among the target populations. However, these studies have limitations in measuring a reduction or otherwise in drug use among 15–16-year-olds in the school-going population. Though both studies collect data on 15- and 16-year-olds, the sample sizes for each study would need to be much larger to provide robust estimates for each two-year band. Indeed, the research team behind the NACD prevalence study concedes that estimates produced for the total population can be treated more robustly than those for sub-groups of the population, such as different age groups.[5] This is because the sample size was calculated to provide a total estimate rather than an estimate for each age band. The studies would also need to ascertain who among the respondents aged 15 and 16 years were attending school. This information was given by the ESPAD study. Half of the 16 actions under the prevention pillar target school-going young people through interventions designed to address educational disadvantage and prevention of substance misuse. The ESPAD survey was designed to obtain data on the school-going population and is carried out every four years. It is therefore, in this case, a more appropriate tool for monitoring progress and making comparisons over time than a general population survey.

The second two new KPIs are closely linked. Both assess progress on actions designed to address educational disadvantage. Consistent monitoring and implementation of substance-use policies in all schools can create a climate where students with substance misuse issues can be supported rather than disciplined. This concern was raised during the consultation stage of the mid-term review. An over-emphasis on disciplinary sanctions through suspensions and expulsions can contribute to early

Changes to Drugs Strategy *(continued)*

school leaving. Also, schools now have a legal obligation to report absences and expulsions to the National Educational Welfare Board, who have been instructed to prioritise schools in LDTF areas. Early identification of substance-related absenteeism and expulsions in schools in LDTF areas will lead to early intervention by educational welfare officers, in conjunction with teachers, parents and specialised substance misuse counsellors. This process can support young people in remaining in mainstream education. The mid-term review does not identify the sources of data for this KPI.

Treatment and rehabilitation

The National Drugs Strategy identified seven KPIs to measure progress under the treatment pillar. The mid-term review recommends that these be replaced by four new KPIs. The 2001 KPIs monitor progress in the provision of treatment places, prison-based treatment services, service-user charters and rehabilitation. The number of treatment places for opiate addiction increased from 6,000 by end 2001 to 7,390 places by end March 2005; this KPI has been achieved. According to the mid-term review, a number of services have drafted service-user charters. Although the review recognised that more needs to be done, the prison services have developed an infrastructure for the delivery of methadone treatment and set up a number of drug-free units since 2001. The introduction of counselling services and the development of post-release arrangements for those requiring treatment or harm-reduction services will be required in the future; this KPI has been discontinued without explanation.

The KPI on treatment has been revised to reflect the diversity of drug types and the number of drugs used by those seeking treatment, and requires that:

- 100 per cent of problematic drug users will access appropriate treatment within one month after assessment.

A set of guidelines has been developed and agreed (although not published) to guide the treatment of problem drug users under 18 years old and the original KPI has been replaced by a new indicator:

- 100 per cent of problematic drug users aged under 18 will access treatment within one month after assessment.

The two KPIs relating to treatment will be measured through the Health Service Executive Addiction Services and the HRB National Drug Treatment Reporting System.

Two indicators pertaining to harm reduction have been introduced:

- Harm reduction facilities available, including needle exchange where necessary, open during the day, and at evenings and weekends, according to need, in every local health office area;
- Incidence of HIV in drug users stabilised based on 2004 figures.

The second of these is based on an increased number of HIV cases among drug users in 2004 (see 'Newly diagnosed HIV infections in Ireland', Fig. 1, on p.6 of this issue).

The review recommends that the KPI pertaining to 'training and employment for treated drug users' be moved to the new rehabilitation pillar. A working group has been set up to define the scope of rehabilitation and identify the actions to be implemented under the rehabilitation pillar.

Research

The National Drugs Strategy identified two KPIs under the research pillar. The mid-term review recommends that these be replaced by three new KPIs. The first, 'eliminate all major gaps in drugs research by the end of 2003', has been reworded to take account of the number of research actions completed to date and has had its time period extended to mid-2008. The second has been split into two KPIs, which are:

- Publish an annual report on the nature and extent of the drug problem in Ireland, drawing on available data; and
- Publish a report every two years on progress being made in achieving the objectives and aims set out in the Strategy.

Co-ordination

Although not a 'pillar', co-ordination is a key theme of the National Drugs Strategy, with its own objective and four KPIs. The objective for co-ordination is 'to have in place an efficient and effective framework for implementing the National Drugs Strategy'. The associated KPIs have largely been achieved.

While not proposing new KPIs for the co-ordination objective, the mid-term review makes two recommendations designed to strengthen high-level co-ordination between the statutory agencies and the multiple service providers and community and voluntary groups in the drugs area. It calls for expanded representation of the community and voluntary sectors, and the inclusion of additional government departments and statutory and other state agencies with responsibilities in the drugs area, on both the Inter-Departmental Group on Drugs (IDG) and the National Drugs Strategy Team (NDST).

Changes to Drugs Strategy *(continued)*

Comments by the Steering Group suggest that co-ordination at regional and local levels also continues to be a challenge. For example:

> … representatives of the statutory bodies who are members of LDTFs and RDTFs need to be mindful of their role. In particular, they should consult with – and bring relevant information to – their Task Forces regarding developments at both local and national levels within their organisations that impact on progressing actions in the NDS. They also need to ensure that their parent organisations are aware of developments within the Task Forces and how these developments impact on their agencies. (Section 7.8)

However, the perceived difficulties in achieving effective co-ordination at regional and local level, arguably more complex and more challenging than at national level, are not identified in the mid-term review as a 'key issue' and are not the subject of a formal recommendation, let alone a new KPI.

Conclusion

The mid-term review recommends significant changes to the number and content of indicators used to measure progress under the National Drugs Strategy. Some of the revised KPIs are in recognition of achievements in certain areas, a response to changing circumstances or an acknowledgement of difficulties with existing indicators. The rationale behind other changes is less clear. The changes in indicators to measure supply reduction and treatment would appear sensible. The linking of school-based substance policy with early school leaving recognises the overlap between these two areas and the wider responsibility of the educational system in prevention work.

The use of population studies to monitor progress of young people still at school under the prevention pillar is problematic. While recognising that further improvements are required in prison treatment services, the KPI relating to prison-based services has been removed without any explanation. The absence of any indicators under the co-ordination theme allows no objective measure for determining progress in this area. It is important that these inconsistencies are recognised if the KPIs are to do what they were designed for, that is, to provide measurable, verifiable and relevant indicators of progress for all aspects of the National Drugs Strategy. *(Johnny Connolly, Brian Galvin, Martin Keane, Jean Long and Brigid Pike)*

1. Department of Tourism, Sport and Recreation (2001) *Building on experience: National Drugs Strategy 2001–2008.* Dublin: Stationery Office.
2. Steering Group for the Mid-term Review of the National Drugs Strategy (2005) *Mid-term review of the National Drugs Strategy 2001–2008.* Dublin: Department of Community, Rural and Gaeltacht Affairs.
3. National Advisory Committee on Drugs (NACD) and Drug and Alcohol Information and Research Unit (DAIRU) (2005) *Drug use in Ireland and Northern Ireland – first results (revised) from the 2002/2003 Drug Prevalence Survey.* Dublin: NACD. (First published October 2003, revised June 2005) www.nacd.ie/publications/prevalence_survey.html
4. Hibell *et al.* (2004) *The ESPAD Report 2003: Alcohol and other drug use among students in 35 European countries.* Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN), Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group).
5. National Advisory Committee on Drugs (NACD) and Drug and Alcohol Information and Research Unit (DAIRU) (2003) *Drug use in Ireland and Northern Ireland. First results from the 2002/2003 Drug Prevalence Survey – a summary of the methodology.* Dublin: NACD.

'We're people too' – Drug users' views on the health services

A collaborative piece of action research involving the Participation and Practice of Rights Project (PPR), the Union for Improved Services, Communication and Education (UISCE) and the Mountjoy Street Family Practice has sought to identify and address issues confronted by drug users in relation to Irish health services.

The PPR is an initiative linking representatives of community networks from North Dublin and North Belfast which advocates the adoption of a rights-based approach in addressing social and economic issues confronting communities. UISCE is a group made up of drug users, ex-users and professionals who seek to ensure that the views of the drug user inform the development of drug policy and treatment responses. Mountjoy Street Practice is a GP-run family practice which has a large group of patients receiving methadone maintenance. It also provided financial and technical support to the research project, as did the Royal College of Surgeons in Ireland.

The initial stage of the research involved focus group discussions with 25 drug users about their experiences of health care. Topics of discussion included drug users' perceptions as to how they were treated with regard to their health entitlements. Drug users' views of health services were then ascertained so as to facilitate practical improvements in services. Participants were identified by UISCE through being approached outside the City Clinic drug treatment centre, through informal meetings on the street and

'We're people too' *(continued)*

Some participants felt that GPs were reluctant to take drug users onto their lists.

through visits to flat complexes. Three focus groups were held on three consecutive days, involving a total of six hours of recorded discussion. Four months later, after the interviews were analysed using a thematic approach, participants were brought back together to verify the initial findings and to prioritise problems with services. Thirteen of the original 25 participants took part in this feedback session.
Concerns raised included perceptions of poor attitudes towards drug users among some staff at some acute hospitals and perceptions of discriminatory treatment of users at some hospitals and pharmacies. Some users regarded the use of identifying stickers on their charts and the use of signage, such as 'infectious diseases', as insensitive and stigmatising. Some participants felt that GPs were reluctant to take drug users onto their lists and that, since GPs are gate keepers to medical cards, this created obstacles to health care. Dental care was identified as an important issue. However, some users reported difficulties in obtaining access to dentists. A number of concerns were raised in relation to treatment services, particularly in relation to privacy and confidentiality issues and a consequent reluctance to enter counselling.

Related to this broader treatment need, another theme which emerged was the perceived need to develop a more holistic, individual-centred approach to address the multi-faceted problems being encountered by users. A broad consensus that methadone was not the whole answer to these complex issues came out of the focus groups. The focus groups also heard many positive comments about individual staff members and institutions.

One of the most innovative aspects of the research project was the presentation of the research findings to an informal meeting of service providers and key stakeholders. This meeting, which was attended by representatives from Merchants Quay, the Health Service Executive, St James's Hospital, the Drug Misuse Research Division of the Health Research Board, AOM Addiction Services, the North Inner City Partnership, UISCE, PPR, a pharmacist, GPs and a dentist with experience in treating drug users, provided a useful opportunity to discuss the findings of the report and identify practical steps to address the issues identified. The report is due to be published shortly. *(Johnny Connolly)*

Newly diagnosed HIV infections in Ireland

By the end of 2004 there were 3,764 diagnosed HIV cases in Ireland, of which 1,203 (32%) were probably infected through injecting drug use.[1] In 2004, there were 365 newly diagnosed cases reported to the Health Protection Surveillance Centre, of which 71 (20%) were infected through injecting drug use (Figure 1). This represents an increase on the numbers of new HIV cases in 2002 (50) and 2003 (49). Of the 71 new HIV cases, 44 were male and 27 were female and the average age was 30.1 years. Of the 64 cases for whom place of residence was known, 60 lived in the HSE Eastern Region. The authors of the report highlighted the need to continue to promote the use of harm-reduction measures among injecting drug users. *(Jean Long)*

1. Health Protection Surveillance Centre (2005) *Newly diagnosed HIV infections in Ireland: Quarters 3 & 4 2004 and 2004 annual summary.* Dublin: Health Service Executive.

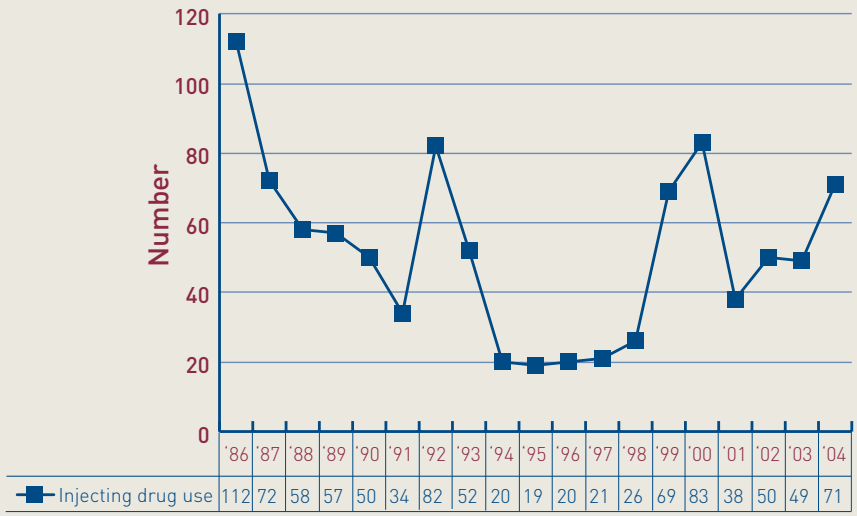


Figure 1 Number of new cases of HIV among injecting drug users by year of diagnosis reported in Ireland, 1986 to 2002 (adapted from Kelly and Clarke 2000; National Disease Surveillance Centre 2002, 2003, 2004; Health Protection Surveillance Centre 2005)

National Drugs Awareness Campaign

The National Drugs Awareness campaign was launched in May 2003 under the prevention, education and awareness pillar of the National Drugs Strategy 2001–2008. The three-year campaign aims to provide information about the dangers of drug misuse to the general population. The first and second phases of the campaign were targeted at the general population and parents respectively. The objectives were to provide information which enable people to make the right choices and to encourage more open communication between parents and children.

The third phase of the National Drugs Awareness Campaign, launched in October 2004, focuses on cocaine. The latest element of the campaign, launched in July 2005, concentrates on the dangers of mixing cocaine with other drugs, especially alcohol. According to the information provided on the **www.drugsinfo.ie** website, 'cocaine when taken with alcohol combines in the system to form another drug, Cocaethylene, which is more toxic than either drug alone. Cocaethylene can seriously affect the normal functioning of the heart and has been a contributory factor in many cocaine related deaths'. This phase of the campaign includes placing posters in the restrooms of 70 large entertainment venues throughout Ireland in conjunction with messages on beer mats in pubs and clubs and print advertisements in the national press. The posters use the imagery of nursery rhyme characters to illustrate the dangers associated with mixing cocaine and alcohol.

It remains to be seen to what extent providing information and heightening awareness can bring about a change in individual and group behaviour. Nonetheless, people have a right to accurate information on the risks associated with particular forms of behaviour, such as consuming alcohol in combination with cocaine use. This latest phase of the campaign, targeting recreational cocaine users in the club and pub scene, is an important step in providing accurate information in a relevant setting.

Following an open tendering competition, the National Advisory Committee on Drugs commissioned Dr Saoirse Nic Gabhainn and Dr Jane Sixsmith of the Centre for Health Promotion Studies, National University of Ireland, Galway, to track the development and delivery of the campaign. A final report is due at the beginning of 2006. *(Martin Keane)*

The latest element of the campaign, launched in July 2005, concentrates on the dangers of mixing cocaine with other drugs, especially alcohol.

Amendments to Garda Bill 2004 enhance community policing

In March 2005, the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights conducted a review of community policing in Ireland in light of proposals contained in Chapter 4 of the Garda Síochána Bill 2004 to establish new local policing structures.[1] Many of the recommendations of the Joint Committee have been incorporated into the Bill, which is now in its final stages in the Oireachtas.[2]

An important amendment to the Bill has been the inclusion of the Minister for Community, Rural and Gaeltacht Affairs, who has responsibility for the National Drugs Strategy, in the preparation of guidelines concerning the establishment and maintenance of joint policing committees (JPCs) by local authorities and the Garda Commissioner. The steering group which oversaw the mid-term review of the National Drugs Strategy highlighted concerns raised during its consultation process about the pace at which community policing fora were developing in drugs task force areas. In light of these concerns, and developments with regard to the Garda Bill, a new action has been incorporated into the Strategy: 'Taking into account the provisions of the Garda Síochána Bill 2004, Community Policing Fora should be extended to all Local Drugs Task Force areas and to other areas experiencing problems of drug misuse'.[3]

Another important issue raised during the Joint Oireachtas Committee related to the perceived importance of including representatives of the community and voluntary sector on the JPCs. The Bill now provides for the inclusion on the JPCs of 'persons representing local community interests'.[4]

Another important tier in the proposed new local policing structures is the establishment of local policing fora. However, concerns were expressed

Another important tier in the proposed new local policing structures is the establishment of local policing fora.

Amendments to Garda Bill 2004 *(continued)*

during the Joint Committee review in relation to a provision in the Bill which necessitated the Garda Commissioner's consent for the establishment of such fora. The Bill has now been amended to provide for the establishment of such fora by JPCs in consultation with the local Garda superintendent 'as the committee considers necessary'.[5]

The Bill further states that in the event of a dispute arising over the establishment of local policing fora the JPC must submit the dispute to the Minister for Justice, who, following consultation with the Minister for the Environment and the Minister for Community, Rural and Gaeltacht Affairs, shall decide on the matter.[6]

Joe Costello TD, rapporteur to the Joint Oireachtas Committee, welcomed the amendments to the Bill, in particular the opening up of membership of joint policing committees to the community. Speaking to *Drugnet Ireland,* deputy Costello said: 'The inclusion of the community as an integral part of the partnership will be crucial to the success of the new direction in policing envisaged in the legislation.' *(Johnny Connolly)*

1. See *Drugnet Ireland,* Issue 14, Summer 2005, p.12, for a report of this review.
2. The report and recommendations of the Joint Committee are on the Oireachtas website at www.oireachtas.ie
3. Steering Group for the Mid-term Review of the National Drugs Strategy (2005) *Mid-term review of the National Drugs Strategy 2001–2008.* Dublin: Stationery Office, p. 21.
4. Garda Síochána Bill 2004, s35(2)(b)(v)
5. Garda Síochána Bill 2004, s36(2)(d)
6. Garda Síochána Bill 2004, s36(3)

The EDDRA column

Latest EU Drugs Action Plan

The aim of this column is to inform people about the EDDRA online database, which exists to provide information on examples of best practice interventions to policy makers and those working in the drugs area across Europe, and to promote the role of evaluation in reducing demand for drugs. The database is co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Welcome to the twelfth EDDRA (Exchange on Drug Demand Reduction Action) column. In this issue the column will focus on the inclusion of the EDDRA database in the EU Drugs Action Plan (2005–2008) as a key resource in storing and disseminating information on evaluated best practice in reducing demand for drugs.

In December 2004, the European Council endorsed the EU Drugs Strategy (2005–2012), which sets the framework, objectives and priorities for two consecutive four-year Action Plans to be brought forward by the European Commission. The latest EU Drugs Action Plan (2005–2008) is the first of the proposed four-year action plans. A key objective under the demand reduction pillar of this Action Plan is to improve coverage and effectiveness of, and access to, drug demand reduction measures. Under this objective, member states and the EMCDDA are given responsibility for the following actions:

- To improve coverage, accessibility, quality and evaluation of drug demand reduction programmes and ensure effective dissemination of evaluated best practices
- To ensure more effective use and regular updating of the EMCDDA-based EDDRA and other databases

In June 2005 the EDDRA database contained a total of 520 entries, including 50 from Ireland. All EDDRA entries have been assessed as examples of best practice. This means they have satisfied the quality auditing process by demonstrating internal consistency with stated rationale for existence, meaningful aims and objectives, a sound theoretical base and an evaluation component. The latter means that either the project or programme is designed to withstand an evaluation or it has been evaluated. This ensures that data on the EDDRA database is of sufficient quality to inform on what constitutes an example of best practice.

Policy makers and practitioners in Ireland can learn important lessons from the work of our EU counterparts regarding what works well and not so well in reducing demand for drugs. Similarly, we in Ireland can share with our EU counterparts our experiences of what is effective by disseminating our examples of best practice. The EDDRA database is an ideal instrument to facilitate this process of sharing and learning and is rightly regarded as such in the current EU Drugs Action Plan.

The quality of information included on the EDDRA database depends on regular updating and the continued promotion of an evaluation culture in the field of drug demand reduction action in all member states. In Ireland, this requires that those involved in projects and programmes currently included on EDDRA provide updated information on their work when applicable. New entries with an evaluation component as outlined above are also welcome and will be quality assessed using EMCDDA criteria. *(Martin Keane)*

If you wish to provide updated information or submit a new entry, contact the EDDRA Manager for Ireland, Mr Martin Keane, at the Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 6761176 ext 169 or Email: mkeane@hrb.ie

More information on the EDDRA database can be obtained from the EMCDDA website at www.emcdda.eu.int

The Next Step Initiative

A model of intervention to support women involved in prostitution

The Next Step Initiative (NSI) report[1] was published by the voluntary organisation, Ruhama, on 7 June 2005. The report covers a participatory action research project undertaken by Ruhama and funded through the Equality for Women Measure under the National Development Plan. The aim of the NSI project was to develop a model of intervention to support women involved in prostitution to access the social economy, community education or local employment. The core objectives of the initiative were:

- to undertake participatory research with a cohort of women who have experienced prostitution in order to identify the range of barriers, internal and external, that affect them
- to use this learning to develop a model of intervention that could facilitate marginalised women in taking the 'next step' in their personal development.

Third Systems Approaches (TSA) conducted the research in Dublin over a 14-month period between 2003 and 2004. The women were recruited through the Ruhama organisation and were assured of back-up support in the event of sensitive issues arising for them. The research engaged with a total of 19 women in the course of 350 hours of fieldwork. The majority were interviewed five times for an hour each time, with some women engaging in nine interviews and two engaging in single one-hour interviews. The spacing of interviews allowed time for the women to revise and reflect on what they had previously discussed. The interviews consisted of open-ended questions around five key areas:

- childhood experiences
- financial situation
- circumstances of prostitution
- survival strategies
- relational issues with family, clients and support networks.

The interviews were not recorded but researchers made notes which were written up when the interview terminated. The interviewees were then asked to review the notes and approve and make changes or additions.

Most of the women interviewed had engaged with the support services of Ruhama for a number of years and were keen to explore ways of taking further steps away from their experiences of prostitution. For some, this experience included additional problems of alcohol and drug use. For example, when actively engaged in prostitution, some of the women reported being 'out every night' to support a drug habit and a pimp. The women were also aware of the dangers of not being fully alert due to the effects of alcohol and drugs and the inherent risks involved in prostitution.

The research identified drug and alcohol use as primarily a survival mechanism for some of the women. For example, they would habitually get drunk or stoned or use prescription drugs in order to work and then use drugs and alcohol 'to numb the pain' of prostitution.

The authors report that, for women working in prostitution, the ability to maintain strict boundaries between their private and public selves is an extremely important psychological tool for survival. However, for some of the women in this research, the use of drugs acted against this separation and 'mixed it all up'. In addition, when some of the women tried to access drug-treatment services, their experience was that the policies in place in such services were a major barrier to their moving on.

The NSI project developed a model of support and intervention through interviews with women with experience of prostitution, women with experience of addiction and with staff from a homeless support organisation. The model is designed to respond to the following:

- The factors affecting women's entry into and experience of prostitution, which are largely outside the control of the women and often include structural barriers to taking the next step, such as reduced access to employment and training;
- The individual challenges for women as they take the next step and overcome the impact of prostitution; services need to be long-term, one-to-one and flexible;
- The need for specialist knowledge on the part of service providers to deliver supports as well as understand the realities of prostitution for women.

The authors note the lack of research into the experiences of women engaged in prostitution in an Irish context; this report deserves to be welcomed as an attempt to narrow this gap. However, the real strength of this research is the development of the support model, which has come to fruition through the participation of the women in the research process. During its development, the model was tested for credibility and legitimacy among a number of marginalised women, service providers and specialist services, and the feedback suggests widespread endorsement.

The research identified drug and alcohol use as primarily a survival mechanism for some of the women.

The authors note the lack of research into the experiences of women engaged in prostitution in an Irish context.

The Next Step Initiative *(continued)*

The authors make a number of recommendations to policy makers, service providers and specialist services on the premise that the model of support and intervention proposed is accepted and endorsed as the optimum means of supporting women involved in prostitution to take the next step in their personal development journey. In essence, the recommendations represent the aspirations of marginalised women who seek to partake in the activities of mainstream society. It is incumbent on generic service providers and specialist services that engage with women in prostitution to facilitate these aspirations by implementing the model proposed. *(Martin Keane)*

1. TSA Consultancy (2005) *The Next Step Initiative: Research report on barriers affecting women in prostitution.* Dublin: Ruhama.

A copy of the report can be obtained from Ruhama, Senior House, All Hallows College, Drumcondra, Dublin 9. Tel: 01 836 0292; Fax: 01 836 0268; Email: admin@ruhama.ie ; www.ruhama.ie

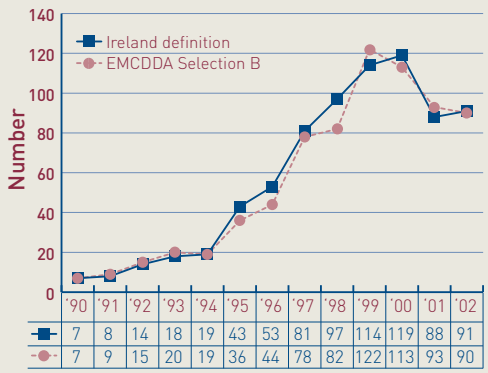
Overview 1: Drug-related deaths in Ireland, 1990 to 2002

This publication is the first in a series from the Drug Misuse Research Division of the Health Research Board. Each issue of this new series will provide a comprehensive, objective and reliable review of specific drug-related issues in Ireland. The data presented in this publication describe what is known about drug-related deaths and deaths among drug users in Ireland between 1990 and 2002. The analysis presented is based on data reported to the General Mortality Register, and on ad hoc studies that extracted data from the coroners' records, the Central Treatment List, and the HIV/AIDS surveillance system, and on an epidemic investigation.[1]

The main findings are:

- Between 1990 and 1994, there was a small but steady increase in the number of drug-related deaths, from 7 to 19, reported by the General Mortality Register in Ireland (Figure 1). Between 1995 and 2000, there was a substantial increase, from 43 to 119, and in 2001 there was a considerable decline (to 88) in the number of drug-related deaths. In 2002, the number of drug-related deaths increased marginally (to 91) when compared to 2001.

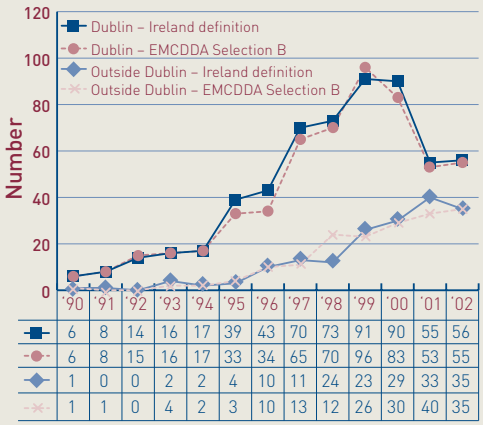
Opiate-related deaths account for the largest proportion of deaths among drug users in Ireland.



	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02
Ireland definition	7	8	14	18	19	43	53	81	97	114	119	88	91
EMCDDA Selection B	7	9	15	20	19	36	44	78	82	122	113	93	90

Figure 1 Number of direct drug-related deaths in Ireland, by national and by European definition, reported by the CSO, 1990 to 2002 (unpublished data from the vital statistics)

- According to data from the General Mortality Register, almost all drug-related deaths between 1991 and 1994 occurred in Dublin (Figure 2). Between 1995 and 2000, there was a substantial increase in drug-related deaths in Dublin, from 39 to 90, and a steady increase outside the Dublin area, from 4 to 29. In 2001, there was a sharp decrease in the number of drug-related deaths in Dublin (to 55) and a continued increase outside Dublin (to 33 in 2001 and 35 in 2002). These data follow trends in treated problem opiate use.



	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02
Dublin – Ireland definition	6	8	14	16	17	39	43	70	73	91	90	55	56
Dublin – EMCDDA Selection B	6	8	15	16	17	33	34	65	70	96	83	53	55
Outside Dublin – Ireland definition	1	0	0	2	2	4	10	11	24	23	29	33	35
Outside Dublin – EMCDDA Selection B	1	1	0	4	2	3	10	13	12	26	30	40	35

Figure 2 Number of direct drug-related deaths in Ireland, by national and by European definition and by place of death, reported by the CSO, 1990 to 2002 (unpublished data from the vital statistics)

- From 1998 to 2001, the annual numbers of opiate-related deaths extracted by Byrne[2] from the Dublin coroners' records were consistently higher than those reported by the General Mortality Register. These variations may be related to differences in the definition of opiate-related deaths applied in each case. The General Mortality Register considers opiate-related deaths to be those occurring as a direct result of opiate use, while Byrne investigated all the coroners' cases that tested

Drug-related deaths *(continued)*

positive for opiate use and so included a broader range of opiate-related deaths.

- Opiate-related deaths account for the largest proportion of deaths among drug users in Ireland. The review of coroners' cases found that polysubstance use was common among drug users who had died.
- According to both the General Mortality Register and Byrne's review of coroners' data,[2, 3] those who died as a result of drug use were older than their counterparts in treatment, indicating an increased risk with age. As expected, more men than women died.
- Following a review of the Dublin coroners' cases, Byrne reported that 13 per cent of drug-related deaths were associated with imprisonment or recent release from prison.
- Injecting drug use is associated with infection and subsequent mortality.
- Deaths as an indirect result of drug use are not systematically documented and have been assessed only in small-scale studies in Dublin. The findings of these studies indicate an underestimate in opiate-related deaths but provide little information on other drug-related deaths. A system is required to document drug-related deaths and deaths among drug users. *(Jean Long and Ena Lynn)*

1. Long J, Lynn E and Keating J (2005) *Drug-related deaths in Ireland, 1990–2002.* Overview 1. Dublin: Health Research Board.
2. Byrne R (2001) *Opiate-related deaths investigated by the Dublin City and County Coroners 1998 to 2000.* Dublin: University of Dublin, Addiction Research Centre.
3. Byrne R (2002) *Opiate-related deaths investigated by the Dublin City and County Coroners 1998 to 2001,* Briefing No 2. Dublin: University of Dublin, Addiction Research Centre.

Byrne reported that 13 per cent of drug-related deaths were associated with imprisonment or recent release from prison.

Recording drug treatment in Ireland

Two national registers record drug treatment in Ireland: the first system is an epidemiological database that records demand for treatment for problem alcohol and drug use (known as the National Drug Treatment Reporting System) and the second is an administrative database to regulate the dispensing of methadone treatment (known as the Central Treatment List).

National Drug Treatment Reporting System
The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated problem drug use in Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover other areas of the country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol and subsequently refined in accordance with the Treatment Demand Indicator Protocol. The NDTRS is co-ordinated by staff at the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB) on behalf of the Department of Health and Children. Between 1991 and 2003 compliance with the NDTRS required that one form be completed for each person who received treatment for problem drug use at each treatment centre in a calendar year. Since 2004, compliance with the NDTRS requires that the total number of cases in treatment with each treatment provider on 1 January each year is returned to the DMRD and that one form is completed for every case who commences or returns to treatment for problem alcohol or drug use at each treatment centre. Data forms are submitted quarterly. Service providers at drug treatment centres throughout Ireland collect and submit this data. They collect administrative details, demographic characteristics, parameters to measure access to treatment, treatment status (new versus previously treated cases), problem substance use in the month preceding this treatment contact, risk behaviours (associated with injecting drug use) and initial treatment type.

At national level, staff at the DMRD of the HRB compile anonymous, aggregated data. For the purpose of the NDTRS, treatment is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their drug problems'. Treatment options include one or more of the following: brief interventions, addiction counselling, medication-free therapy, alternative therapy, psychiatric treatment, medication (detoxification for problem alcohol, opiate or benzodiazepine use, methadone substitution), and social and occupational reintegration. Clients who attend needle-exchange services are not included in this reporting system. Treatment is provided through residential and non-residential services. Drug treatment data are viewed as an indirect indicator of drug misuse as well as a direct indicator of demand for treatment services. These data are used at national and European levels to provide information on the characteristics of clients entering treatment, and on patterns of drug misuse, such as types of drugs used and consumption behaviours. In addition, the data are used to calculate the performance indicators for the addiction services.

Central Treatment List
The Central Treatment List (CTL) was established under Statutory Instrument No. 225 (Minister for Health and Children 1998) following the *Report of the Methadone Treatment Services Review Group* (1998). This list is administered by the Drug Treatment Centre Board on behalf of the Health Service Executive and is a complete register of all patients receiving methadone (as treatment for problem opiate use) in Ireland. When a person is

NDTRS data are used at national and European levels to provide information on the characteristics of clients entering treatment.

Recording drug treatment in Ireland *(continued)*

Practitioners have a statutory obligation to report the initiation of [methadone] treatment.

considered suitable for methadone detoxification or maintenance, the prescribing doctor applies to the CTL for a place on the list and a unique number is allocated to the client. Therefore, each client can receive their methadone from one source only. Each client's name, address, date of birth, gender, date commenced on methadone, type of methadone treatment, prescribing doctor and dispensing pharmacist are recorded on the List. The CTL is considered complete with respect to the number of clients who start or recommence methadone treatment because general practitioners have a statutory obligation to report the initiation of treatment and, also, they are paid per client in treatment. Once on the List, the current treatment status of the majority of clients can be tracked by means of transfer and exit records.

Figure 1 presents a comparison of the numbers of cases reported to the NDTRS and to the CTL. As expected, the numbers of cases reported to the NDTRS are higher than those reported to the CTL. Between 1991 and 2003 compliance with the NDTRS required that one form be completed for each person who received treatment for problem drug use at each treatment centre in a calendar year, whereas compliance with the CTL requires forms only for those receiving methadone. The difference is not as high as expected because the data in Figure 1 presents all cases reported to each system and it is acknowledged that between 1998 and 2003 there was a large increase in the number of general practitioners providing methadone treatment services in Ireland. The number of general practitioners participating in the CTL is high because it is a statutory requirement and payments are calculated per client treated, but the number of general practitioners participating in the NDTRS is still very low. This deficiency in the NDTRS will be rectified at the end of 2005 when all outstanding data for general practitioners' clients for the period 2001 to 2005 will be returned and included in future publications. It is important to note that the number of cases reported to the CTL presented in Figure 1 represents the total number of individuals treated with methadone in the calendar year, rather than the number in treatment at a single point in time.

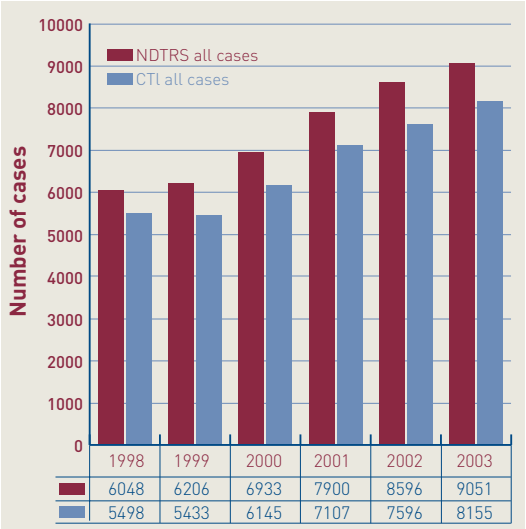


Figure 1 Total number of cases reported to the National Drug Treatment Reporting System and to the Central Treatment List (unpublished data), 1998 to 2003

Figure 2 presents a comparison of the numbers of new cases reported to the NDTRS and to the CTL.

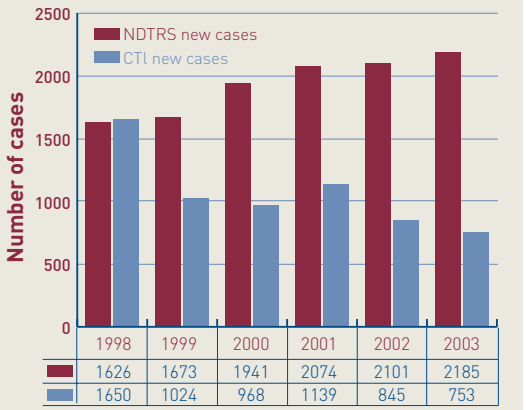


Figure 2 Number of new cases reported to the National Drug Treatment Reporting System and to the Central Treatment List (unpublished data), 1998 to 2003

It is clear that more new (incidence) cases are reported to the NDTRS than to the CTL. The trend in new cases reported to the CTL is falling, while the trend in new cases reported to the NDTRS is rising. The fall in the number of new cases reported to the CTL is influenced by the decrease in opiate use in both the HSE Northern and the HSE South Western Areas (of Dublin), while the increase in new cases reported to the NDTRS is accounted for by an increase in problem cannabis use and, to a much lesser extent, problem cocaine use in Ireland. *(Jean Long)*

Publication of occasional papers on treated drug use in the HSE Eastern Region and nationally, 1998 to 2002

Three occasional papers were published by the Drug Misuse Research Division in this quarter.

Occasional Paper No. 15[1] provides a description of demand for drug treatment services in the HSE Eastern Region (Dublin, Kildare and Wicklow) provided by the Drug Treatment Centre Board, the HSE East Coast Area (of Dublin and Wicklow), the HSE South Western Area (of Dublin and Wicklow and all of Kildare) and the HSE Northern (Dublin) Area. The total number of cases treated increased by almost 20 per cent in the HSE Eastern Region between 1998 and 2002, with the largest increase occurring in the HSE Northern (Dublin) Area, where numbers rose by 62 per cent, from 1,154 in 1998 to 1,871 in 2002. In the HSE South Western Area, the increase was also considerable, at 50 per cent, from 1,621 in 1998 to 2,407 in 2002. The total number of cases treated by the Drug Treatment Centre Board decreased by more than one quarter in the five-year period. The Drug Treatment Centre Board is a tertiary service which provides advice to referring practitioners on the management of clients with complex problems and provides treatment for clients with more serious drug problems or co-morbid psychiatric illness. Therefore, a number of clients attending this Centre are assessed only and then referred back to their practitioner (with advice on future management) or referred to another more appropriate treatment provider. In the three HSE areas in the HSE Eastern Region, the number of drug treatment services increased, as did the demand for such services.

Occasional Paper No. 16[2] provides a description of trends in treated problem drug use among cases living in the HSE Eastern Region. Of the 27,674 cases treated for problem drug use and living in the HSE Eastern Region between 1998 and 2002, 4,871 (18%) were treated for the first time. Overall, the total number of cases increased by 23 per cent over the five-year period. There was an increase in the number and proportion of previously treated cases, from 3,815 (75%) in 1998 to 5,324 (85%) in 2002. There was a steady decrease in the number and proportion of new cases, from 1,140 (22%) in 1998 to 790 (13%) in 2002. The increase in the total numbers can be attributed to the fact that the numbers continuing in and returning to treatment were increasing by a larger rate than the number of new cases entering treatment in each year. This suggests that the increased service provision was to a large extent able to cope with demand for drug treatment services from persons living in the HSE Eastern Region. Between 1998 and 2002, opiates were the most common main problem drug reported by both new and previously treated cases in the region. The total number of cases living in the region who reported opiates as their main problem drug increased by 27 per cent, from 4,652 in 1998 to 5,921 in 2002, and opiates dominated the main problem drug profile among treated cases living in this area. The number of new cases treated who reported problem opiate use decreased by 29 per cent, from 912 in 1998 to 648 in 2002. The incidence of treated problem drug use among persons aged between 15 and 64 years living in the HSE East Coast Area (of Dublin and Wicklow) increased by 73 per cent, from 30 per 100,000 in 1998 to 52 per 100,000 in 2002 (Figure 1). The incidence in the HSE South Western Area (of Dublin and Wicklow and all of Kildare) halved, from 129 per 100,000 in 1998 to 63 per 100,000 in 2002 and the incidence in the HSE Northern (Dublin) Area almost halved also, from 136 per 100,000 in 1998 to 71 per 100,000 in 2002.

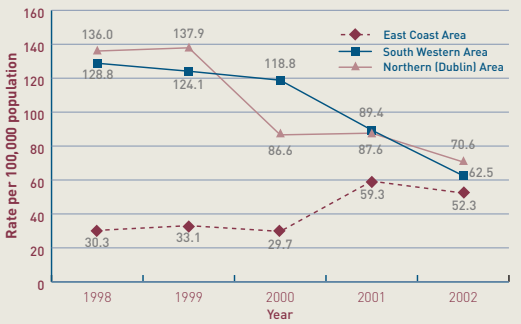


Figure 1 Incidence of treated problem drug use among persons aged between 15 and 64 years living in the HSE Eastern Region, per 100,000 population (Central Statistics Office 2003), based on returns to the NDTRS, 1998 to 2002

Occasional Paper No. 17[3] provides a description of trends in treated problem drug use among cases living in Ireland. The total numbers include 33,391 cases who lived and were treated in Ireland between 1998 and 2002. During the reporting period, opiates were the most frequently reported main problem drug, while cannabis was the second most frequently reported main problem drug by treated cases in Ireland. The number of new cases treated who reported problem opiate use decreased by 21 per cent, from a peak of 922 in 1999 to 729 in 2002. The number of new cases treated who reported problem cannabis use increased by 144 per cent, from 379 in 1998 to 925 in 2002. The number of new cases treated who reported cocaine as their main problem drug,

Papers on treated drug use *(continued)*

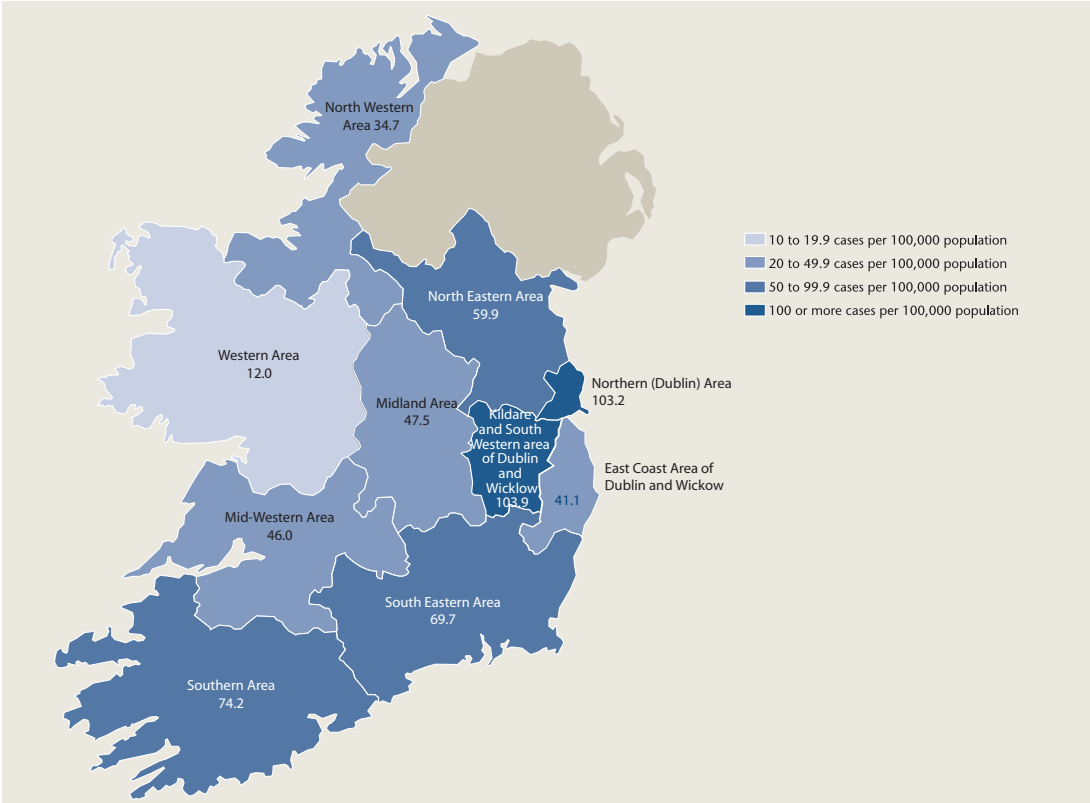


Figure 2 Average annual incidence of treated problem drug use among persons aged 15 to 64 years living in Ireland, by HSE area, based on returns to the NDTRS per 100,000 of the population, 1998 to 2003 (Central Statistics Office 2003)

though small, increased consistently between 1999 and 2002. The incidence rates of treated problem drug use among persons aged between 15 and 64 years living in Ireland, expressed per 100,000 of the population, were examined by county for the period 1998 to 2002 (Figure 2). The incidence rates were highest in Carlow, Dublin and Waterford (with over 100 cases per 100,000 of the population aged 15 to 64 years), followed by Cork, Louth, Meath, Westmeath, Sligo, Tipperary and Limerick (with between 50 and 99 cases per 100,000). Excluding Sligo, the incidence rates were lowest in western counties (with between 10 and 19 cases per 100,000). *(Jean Long)*

1. Kelly F, Lynn E and Long J (2005) *Treatment demand in the Health Service Executive Eastern Region, 1998 to 2002.* Occasional Paper No. 15. Dublin: Health Research Board.
2. Kelly F, Long J and Lynn E (2005) *Trends in treated problem drug use in the Health Service Executive Eastern Region, 1998 to 2002.* Occasional Paper No. 16. Dublin: Health Research Board.
3. Long J, Lynn E and Kelly F (2005) *Trends in treated problem drug use in Ireland, 1998 to 2002.* Occasional Paper No. 17. Dublin: Health Research Board.

Fionnola Kelly

In mid July, Fionnola Kelly left the Drug Misuse Research Division where she had worked as an analyst on the National Drug Treatment Reporting System since January 2003. She is working as a data manager at the Economic and Social Research Institute. Fionnola made a significant contribution to the NDTRS where she participated in the collection of the backlog of data for 2001 and 2002, a substantial revision of the NDTRS protocol and the development of a computerised data-entry programme.

Fionnola managed data collection for the HSE areas outside the Eastern Region and will be missed by her data co-ordination colleagues in these areas. Fionnola co-authored a number of occasional papers and was the lead author for Occasional Papers 15 and 16. Her colleagues at the DMRD will miss Fionnola's friendly, helpful and thoughtful approach to her work on the NDTRS.

Prison rules provide for mandatory drug testing

The Minister for Justice, Equality and Law Reform, Mr Michael McDowell TD, announced the publication of new draft prison rules in June. The rules deal with all aspects of prison life, including accommodation, visiting rights, discipline, health and education. The existing prison rules date back to 1947.

The new rules make provision for the introduction of compulsory or mandatory drug testing (MDT) of prisoners, a commitment in the 2001 Agreed Programme for Government between Fianna Fáil and the Progressive Democrats.

Section 28 (5) (a) of *Prison Rules 2005* states: 'In the interest of good order, safety, health and security and in accordance with directions set down by the minister, a prisoner … shall, for the purpose of detecting the presence or use of an intoxicating liquor or any controlled drug … provide all or any of the following samples, namely – urine, saliva, oral buccal transudate, hair.' The announcement comes at a time of increased debate as to the merits of MDT. The Irish Penal Reform Trust (IPRT) has consistently opposed the introduction of MDT. Speaking to *Drugnet Ireland,* Rick Lines, executive director of the IPRT, said: 'such testing increases heroin use among prisoners, increases injecting and the risk of HIV and hepatitis C transmission through shared syringes, reduces the uptake of voluntary drug treatment by prisoners, and wastes money that could be better spent on more effective drug programmes'.

In Scotland, recent media speculation suggests that Scottish prison chiefs are to scrap compulsory drug testing owing to concerns that it may be encouraging increased heroin use.[1] Fears have arisen that, as heroin stays in the urine for only three days – a shorter time period than for drugs such as cannabis, which may be detected for ten days or more – inmates are increasingly using heroin to avoid detection. Under current rules in Scotland, at least 10 per cent of prisoners are tested every month.

A programme of MDT based on urine analysis was implemented in all prisons in England and Wales in March 1996. The aims of the programme are to monitor drug taking in custody, to deter prisoners from misusing drugs and to identify individuals in need of treatment. Tests undertaken include the random testing of a proportion of prisoners in each prison each month. A recent Home Office study considered the impact and effectiveness of the programme.[2] The Prison Service commissioned the research to determine how effectively the programme was achieving its aims and specifically to determine whether MDT was encouraging prisoners to use more harmful drugs such as heroin to avoid detection.

Over 2,000 prisoners were interviewed for the Home Office study between 2001 and 2002. Prison staff were also asked their views about the programme and MDT data were analysed. Findings were compared with an earlier prison survey. Among the main findings are:

- Drug use as measured by monthly random tests in prisons was found to correlate with prisoners' self-reported drug use.
- Since mandatory drug testing was introduced, the use of cannabis in prison had declined while heroin use had remained fairly stable.
- One per cent of prisoners surveyed had stopped using cannabis and started using heroin since beginning their sentence, but fear of detection by random testing was only one factor affecting this behaviour.
- Procedures for referrals to treatment following a positive random test were under-used.

The overall conclusion reached by the study is that MDT, along with other strategies, has substantially reduced cannabis use within prisons but has had little effect on the use of heroin. The study suggests that prisoners know that heroin is less easily detected than cannabis. If the objective of MDT is to reduce heroin use in prison, this study suggests that its impact will be minimal. A possible reason for this, as the study concludes, is that 'current use of heroin is more clearly influenced by previous and persistent use … [and that] some prisoners with a high level of dependence before coming to prison are likely to be impervious to any kind of sanction'.[3] *(Johnny Connolly)*

1. Prison drug tests 'failing to have impact'. *The Scotsman,* 22 April 2005.
2. Singleton N *et al.* (2005) *The impact of mandatory drug testing in prisons.* Home Office Online Report 03/05. www.homeoffice.gov.uk/rds/pdfs05/rdsolr0305.pdf
   For a summary of the findings see Home Office Research Development and Statistics Directorate (2005) *Findings 223* www.homeoffice.gov.uk/rds/pdfs05/r223.pdf
3. *Findings 223, p.4.*

Media speculation suggests that Scottish prison chiefs are to scrap compulsory drug testing owing to concerns that it may be encouraging increased heroin use.

Review of the Methadone Treatment Protocol

In 2002, the Department of Health and Children requested the Methadone Prescribing Implementation Committee to review the Methadone Protocol that was introduced in October 1998. The review was released in June 2005.[1]

According to the review, there were 6,883 people receiving methadone treatment in Ireland at the end of December 2003.

As part of the review, submissions were invited from interested parties and 46 submissions were received in September 2002. The submissions were analysed to identify themes, and recommendations were made to address the themes identified.

The **themes** and associated recommendations were:

- **Breadth of representation on the Methadone Prescribing Implementation Committee** A number of submissions identified the need to invite representatives from the community, service users, the voluntary sector, the Drug Treatment Centre Board, the former Area Health Boards and the Irish Psychiatric Association on to the committee. The committee will invite representatives of the Drug Treatment Centre Board, the former Area Health Boards and the Irish Psychiatric Association to be represented on the committee.
- **Revising aspects of the regulations** Several submissions requested revisions to the prescribing of methadone. None of these suggestions were taken on board as it would mean re-writing the regulations.
- **Clients' experiences of methadone treatment services** Clients attending methadone treatment programmes requested that all clients should participate in the planning of their treatment, stable clients should not need to attend weekly, individual appointment times should be given to clients, clients continuing to use drugs chaotically should be treated separately from more stable clients, and the issue of privacy with respect to urinalysis should be addressed. The committee recommended that it would be more appropriate to address these issues through the service users' charter in each HSE area.
- **Issues pertaining to general practitioners** A number of submissions stated that there is a need to take a co-ordinated approach to methadone treatment outside the HSE Eastern Region and to increase the recruitment of level 1 and level 2 general practitioners throughout the country. The committee will review the role of the National General Practitioner Co-ordinator to ensure greater support to the areas outside the Eastern Region. A small number of general practitioners requested an increase in the number of clients that a practitioner is permitted to treat. The committee will deal with such requests on an individual basis. It was suggested that training on treating opiate misuse be included in undergraduate and postgraduate medical training. In addition, it was suggested that specialist methadone training should continue and that completion of such training should be one of the criteria for GMS posts in deprived areas. These ideas were welcomed by the committee and will be recommended to the relevant authorities. It was also suggested that general practitioners be given the resources to comply with the requirements of the National Drug Treatment Reporting System. Such compliance is a condition of the general practitioners contract negotiated in 2003.
- **Issues pertaining to pharmacists** Pharmacists requested joint training with other health professionals, which the committee considered a useful suggestion. The need to increase the recruitment of pharmacists was raised. The committee recommended the employment of a liaison pharmacist for the HSE areas outside the Eastern Region. Some pharmacists requested routine hepatitis B vaccination; this is available free from the HSE to all participating pharmacists and their staff. Pharmacists and clients raised the issue of security and privacy in pharmacies. The committee reported that these issues were outside their remit as they had resource implications, and noted that grants were available through the HSE for upgrading premises. Some pharmacists reported that a regular client might present to a pharmacy without a prescription and the pharmacists experienced a dilemma: to follow the regulations, or to fulfil their duty of care to the client. The committee took a pragmatic view, stating that the pharmacist should provide the previously prescribed treatment, document the experience and ensure the client sought an up-dated prescription as soon as possible. Actions should be taken to prevent its occurrence if this practice is repeated on a regular basis.
- **Co-ordination between services and continuity of care for clients** According to the text of the submissions, the lack both of co-ordination between psychiatric services and drug treatment services and of continuity of care between prison services and drug treatment services needed to be addressed. The committee agreed with these statements and welcomed the establishment of a national committee to develop protocols for transfer of clients between the prison services

Methadone Treatment Protocol *(continued)*

and the HSE. The committee stated that structures should be developed to ensure that clients on methadone treatment who require psychiatric treatment are not at a disadvantage.

- **Guidelines for the management of young drug users** Guidelines for the management of opiate users aged under 18 years were requested; these will be provided by the Department of Health and Children's working group in the near future.

There were 19 recommendations in the Methadone Protocol, of which 12 were completely implemented by the end of 2004, four were almost completely implemented and the remaining three required some further work. The three requiring further work related to service provision, including the range of services, the link between treatment services and general practitioners, and pharmacists' contracts. *(Jean Long)*

1. Department of Health and Children (2005) *Review of the Methadone Treatment Protocol.* Dublin: Department of Health and Children.

Substance misuse in the HSE South Eastern Area

The Health Service Executive (HSE) South Eastern Area published its annual report entitled *Data co-ordination overview of drug misuse 2004*[1] in June 2005. The report comprises three sections: treatment services, education and prevention, and supply and control.

Treatment services
This section analyses data collected from statutory and voluntary drug and alcohol treatment agencies, acute general hospitals and psychiatric hospitals located in the HSE South Eastern Area. The data from the drug and alcohol treatment services are returned to the National Drug Treatment Reporting System. The key findings reported are:

- The total number of contacts with treatment services increased by 80 per cent over a five-year period, from 1,418 in 2000 to 2,549 in 2004 (Figure 1).[1,2] Contacts with treatment services include those by clients continuing in treatment from the previous year, clients who were assessed but not treated, clients who were treated and concerned persons. The increase over the five-year period was evident among both male and female clients (Figure 1).

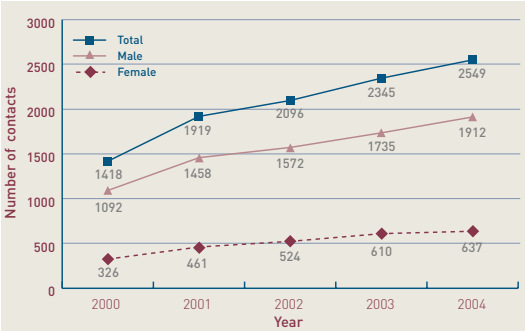


Figure 1 Number of contacts with treatment services in the HSE South Eastern Area, 2000–2004

- In 2004, 8 per cent of all clients treated in the south-east were under the age of 18 years, while 32 per cent of clients attending the services were aged between 20 and 29 years.
- Alcohol, followed by cannabis, were the most common main problem substances for which treatment was sought from 2000 to 2004 (Figure 2).
- Of the clients who had used a drug, 40 per cent reported that cannabis was the first drug ever used.
- In 2004, 32 per cent of clients did not report using a secondary substance. The main substances of secondary use were alcohol, cannabis and ecstasy.

Figure 2 The three most common main problem drugs reported by cases treated in the HSE South Eastern Area, 2000–2004

- In 2004, almost 60 per cent of clients treated for alcohol and two-thirds of clients treated for a drug as their main problem substance were treated for the first time (Figure 3).

The total number of contacts with treatment services increased by 80 per cent over a five-year period.

Substance misuse in the HSE South Eastern Area *(continued)*

Alcohol, followed by cannabis, were the most common main problem substances for which treatment was sought from 2000 to 2004.

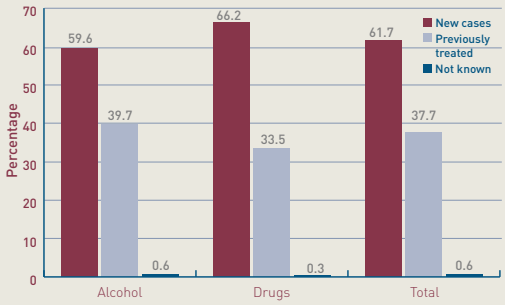


Figure 3 Percentage of cases treated for problem alcohol or drug use in the HSE South Eastern Area in 2004

- In 2004, 111 (5%) cases had injected a substance. Of those who had injected, 39 (31%) had shared injecting equipment.
- In 2004, 151 concerned persons contacted both statutory and non-statutory services in the south-east. The majority of concerned persons were female (78%).
- Based on data received from the Hospital In-Patient Enquiry (HIPE) Scheme:
  - There were 2,155 cases admitted to acute hospitals in the HSE South Eastern Area for one of the following diagnoses:
    - alcoholic psychosis
    - drug psychosis
    - alcohol dependence syndrome
    - drug dependence
    - non-dependent abuse of drugs.
  - Seventy-three per cent of treated cases were male.
  - In 2003, 28 per cent of all cases admitted to an acute hospital for a drug- or alcohol-related illness resided in Wexford.
  - Over 70 per cent had a diagnosis of non-dependent abuse of drugs and almost one-fifth had a diagnosis of alcohol dependence.
- In 2003, the National Psychiatric In-Patient Reporting System reported that there were 541 admissions with an alcohol disorder and 116 admissions with a drug disorder to a psychiatric unit located in the HSE South Eastern Area.

Education and prevention

Community-based drugs initiatives were set up in the south-east to support local communities in increasing their awareness of drug-related issues and to assist in developing strategies to reduce the demand for drugs in the community. There were a total of 448 individual contacts with these services in 2004. The majority of contacts (53%) were from people concerned about someone else's alcohol or drug use.

Supply and control

The information in this section focuses on the 530 cases referred to the probation and welfare services in the south-east for a drug- or alcohol-related offence during 2004. Of these 530 cases:

- Eighty-six per cent were male.
- Seven per cent were under 18 years and 62 per cent were aged between 18 and 29 years.
- Waterford had the highest percentage by county, at 29 per cent.
- The majority (56%) were referred because of an alcohol-related offence.

Data presented in *An Garda Síochána Annual Report 2003* indicate that 1,631 persons were prosecuted for drugs offences in the south-east in 2003. This represented 27 per cent of the national figures.

This overview is a comprehensive report that examines in detail alcohol- and drug-related data collected in the HSE South Eastern Area; such data is useful for planning responses in the area. It is recommended that other Health Service Executive areas follow the example of the south-east and publish such data on an annual basis. *(Fionnola Kelly and Jean Long)*

1. Kidd M (2005) *Data co-ordination overview of drug misuse 2004.* Waterford: HSE South Eastern Area.
2. Data for the years 2000 to 2003 from the annual Data co-ordination overview of drug misuse reports compiled by M Kidd and published by the South Eastern Health Board between 2001 and 2004.

Joint Oireachtas Committee report on cocaine addiction

On 6 July 2005, the Joint Oireachtas Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs launched its seventh report entitled *The treatment of cocaine addiction, with particular reference to the Irish experience.*[1]

Cecilia Keaveney, TD and chair of the Joint Committee, welcomed the audience to the launch and thanked the authors of the report, Dr Siobhán Barry, clinical director, and Ms Elizabeth Lawlor, senior clinical psychologist, both of the Cluain Mhuire Service.

The report includes information on the consequences of cocaine use, the usage of cocaine in Ireland and the Irish experience of managing cocaine addiction, and gives recommendations for preventative strategies and evidence-based treatment. According to the authors, lifestyles associated with cocaine use include poor nutrition, polysubstance use and criminality. The effects of cocaine on the body are cumulative and may result in fatal cardiovascular events. The report states that suicide is the cause of death in up to 10 per cent of cocaine-related deaths.

Irish patterns of cocaine use indicate:

- Cocaine is used predominantly during early adult life.
- More males than females use cocaine.
- There is increased availability and use of cocaine.
- Cocaine use is not confined to the Dublin region.
- Data from the National Drug Treatment Reporting System indicate that cocaine is mainly reported as a second, third or fourth problem drug for clients seeking treatment for drug misuse.

A snapshot of the Irish experience of managing cocaine addiction indicates:

- Although the number of clients seeking treatment who report cocaine as their main problem drug has increased, the total number is small. Clients do not seek treatment for one of two reasons: either they do not perceive themselves as requiring treatment or they think existing treatment services are inappropriate for their needs. This highlights the challenge for the drug treatment services to change what has historically been a predominantly opiate-focused treatment system into one that meets the needs of cocaine and polydrug users.
- Many service providers are attempting to provide some level of service for cocaine users, which is increasing the pressure on existing services.
- Training on evidence-based treatment for service providers is needed immediately.

In relation to treatment options, the authors highlight the need for a holistic approach based on the needs of the individual client. This involves dealing with medical, psychological and social problems and includes complementary therapies.

Recommendations of the report include:

1. Preventative strategies, which embrace health promotion, provide basic factual information and offer specific psycho-education to expose the misconceptions about cocaine.
2. A qualitative study of cocaine use identifying and exploring the distinct needs of people who use recreational cocaine and people who are polysubstance users.
3. Resources to facilitate assessment for clients presenting for treatment for problem cocaine use which include:
   - basic physical assessment, including
   - cardiovascular screening
   - formal substance misuse assessment psychological assessment, for example, motivational interviewing
   - psychiatric assessment.
4. A pyramid of interventions comprising:
   - drug-free outpatient care for clients who have a relatively small cocaine use problem, at the base
   - a logical and sequential programme of detoxification for clients addicted to a wide range of substances, which includes psychological care, social intervention, practical education or occupational opportunities and complementary therapies, as the second tier
   - residential after-care programmes of significant duration which offer a wide range of intervention to assist clients who are at particular risk of relapse, at the apex.
5. An outpatient-based, relapse-prevention programme to which self-referral for those who relapse would be encouraged.

Social reintegration was outside the scope of this report. As chair of the Joint Committee, Cecilia Keaveney outlined the committee's present role as that of seeking the allocation of resources to implement the recommendations of this report. *(Ena Lynn)*

1. Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs (2005) *The treatment of cocaine addiction, with particular reference to the Irish experience.* Dublin: Stationery Office.

This publication can be purchased directly from Government Publications Sales Office, Sun Alliance House, Molesworth Street, Dublin 2, or by mail order from Government Publications, Postal Trade Section, 51 St Stephen's Green, Dublin 2, Tel 01-476834/35/36/37.

The effects of cocaine on the body are cumulative and may result in fatal cardiovascular events.

In relation to treatment options, the authors highlight the need for a holistic approach based on the needs of the individual client.

In brief

In March/April 2005 the **Health and Safety Authority** conducted an *Inspection Programme in Accident and Emergency Units* in selected Irish hospitals. The incidence of violence faced by A&E workers in contact with people in distress, including those suffering from alcohol or substance abuse, was found to be high. This finding was the subject of a Private Member's Motion in Dáil Éireann on 10/11 May 2005. **www.hsa.ie/www.oireachtas.ie**

On 3 May 2005 the **Special Residential Services Board** published a report on research into the impact of placement in special-care-unit settings on the 'well-being' of young people and their families. The majority of young people placed in the special-care units had a history of entrenched family difficulties and consequent social and emotional problems placing them 'at risk', which covered a wide range of behaviour and social and emotional circumstances including drug use and misuse. The report indicates that the approach in special care is having a positive impact on children. **www.srsb.ie**

In May 2005 *The Children's Court: A Children's Rights Audit,* based on a study of almost 1,000 cases in Children's Courts in Dublin, Cork, Limerick and Waterford, was published. The report, by Dr Ursula Kilkelly of the Faculty of Law, University College Cork, concluded that in many cases the courts do not appear to appreciate the complexity of the issues facing the child, including substance abuse and alcohol and drug addiction, and that detention is being increasingly used because of a lack of support and early intervention for young offenders.

In May 2005 the **World Health Organization (WHO)** released a *Status Paper on Prisons, Drugs and Harm Reduction.* The paper summarises the evidence for actions that will reduce the health-related harm associated with drug dependence, indicating that harm reduction measures can be safely introduced into prisons, and that such measures help prevent the transmission of HIV/AIDS. **www.euro.who.int**/

On 14 June 2005 *Guidelines regarding drug dealing on or in the vicinity of licensed premises* were launched. Drawn up by An Garda Síochána, members of the licensed trade and the Department of Health and Children, this publication was an initiative under the National Drugs Strategy (Action 27).

At its 16–17 June 2005 meeting (10255/05 CONCL 2), the **European Council** approved the EU Drugs Action Plan (2005–2008). Noting with deep concern the increase in the incidence of HIV/AIDS in the member states, in neighbouring countries and worldwide, the Council recalled the importance of active co-operation between member states and the European Commission to, among other things, improve access for intravenous drug users to prevention, dependency treatment and harm reduction services. **www.europa.eu.int**

In June 2005 **UNAIDS** released a policy position paper entitled *Intensifying HIV Prevention.* Regarding preventing transmission of HIV through injecting drug use, the policy calls for a comprehensive, integrated and effective system of measures including the full range of treatment options, the implementation of harm-reduction measures, voluntary confidential HIV counselling and testing, prevention of sexual transmission of HIV among drug users, and access to primary healthcare and to antiretroviral therapy. Such an approach is to be based on promoting, protecting and respecting the human rights of drug users. **www.unaids.org**/

On 1 July 2005 the commencement order for the **Safety, Health and Welfare at Work Act 2005** was signed. The Act comes into force on 1 September 2005. The provisions for testing employees for use of intoxicants, including alcohol and/or drugs, will not come into force until the Health and Safety Authority has consulted the Social Partners and other interested groups. The regulations governing testing will bring in the requirement in safety-critical situations and then only on a sectoral basis. **www.hsa.ie**

On 22 July 2005 the **Irish Society for the Prevention of Cruelty to Children (ISPCC)** launched a new strategy entitled *Citizen Child.* The strategy sets out five targets in response to what are identified as the key changes and challenges in Irish society impacting on childhood, including alcohol and drug misuse owing to growing social isolation, family dysfunction and personal emotional and psychological difficulties. **www.ispcc.ie**

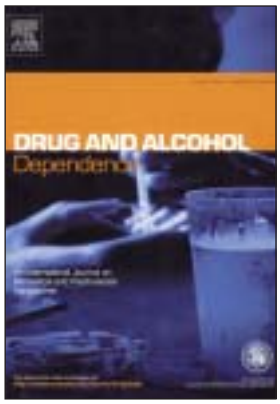
On 25 July 2005 the third *Annual Government Progress Report on the Implementation of the Programme for Government* was published. It reports on drug-related measures under four headings: Building an Inclusive Society, Crime, Tackling Drug Abuse, and Regenerating Disadvantaged Communities. **www.taoiseach.gov.ie**

In July 2005 *Eurobarometer 63,* the most recent issue in a series reporting on a twice-yearly survey of public opinion in the European Union, for which the field work was conducted in May/June 2005, was published. Asked to select the three actions that the EU should follow, in order of priority, from a list of 16 possible actions, the aggregate response from the 25 member states showed that 'fighting organised crime and drug trafficking' was ranked fourth, after 'fighting unemployment', 'fighting poverty and social exclusion' and 'maintaining peace and security in Europe'. UK respondents ranked 'fighting organised crime and drug trafficking' as the top priority for action; respondents in Ireland, Cyprus and Estonia ranked it second, after 'fighting poverty and social exclusion'. The Irish ranking shows a change from the results reported in *Eurobarometer 62,* for which the field work was conducted in October/November 2004. On that occasion Irish respondents ranked 'fighting organised crime and drug trafficking' as the top priority for action, just ahead of 'fighting poverty and social exclusion'.
http://europa.eu.int/comm/public_opinion/index_en.htm
(Compiled by Brigid Pike)

The National Documentation Centre journal collection

For researchers, drug treatment professionals, clinicians, community workers, policy makers and students, keeping informed on current trends and thinking in the broad subject area of drug and alcohol addiction can be time consuming and difficult, particularly for those without direct access to a well resourced research library.

The National Documentation Centre on Drug Use (NDC) holds a collection of approximately 30 academic journals, magazines and newsletters that will be of interest to the various professionals in the field. The collection represents both national and international research and opinion on the subject of drug and alcohol use, prevention, treatment, education and social consequences. The range of journals reflects the points of view of a wide variety of disciplines, such as: medicine, social science, psychology, public health and nursing. The NDC collection continues to grow, reflecting the changing and expanding needs of NDC users.



NDC Journal Collection

Addiction
Addictive Behaviors
Addiction Research & Theory
Alcohol and Health: Current Evidence
Archives of General Psychiatry
British Medical Journal
Drug and Alcohol Dependence
Drug & Alcohol Findings
Drug and Alcohol Review
Drink and Drugs News
Druglink
Drugs – Education Prevention and Policy
European Addiction Research
Drugs in Focus
EPI Insight
Eurosurveillance Weekly
Fesat – European Foundation of Drug Help
Lines Newsletter
Harm Reduction Journal
Hyper
International Journal of Drug Policy
Irish Journal of Medical Science
Irish Journal of Psychological Medicine
Irish Medical Journal
Journal of Addiction Nursing (from Jan 2006)
Journal of Epidemiology & Community Health (from Jan 2006)
Journal of Substance Abuse Treatment
Journal of Drug Issues
The Lancet
MMWR Morbidity & Mortality Weekly
New England Journal of Medicine
Poverty Today
Psychological Medicine

Some of the leading journals and newsletters include:

Addiction – (formerly British Journal of Addiction) a well known peer-reviewed journal in print since 1947. It publishes high-quality international research for a large readership, with editorials, commentaries, interviews with leading figures in the field, and a comprehensive book review section.

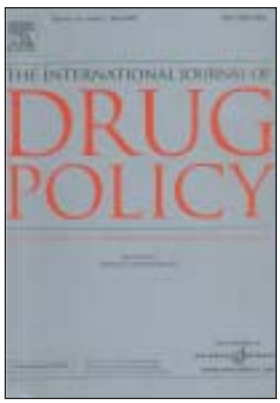
Druglink – a bi-monthly magazine for professionals interested in drugs and drug-related issues in the UK. *Druglink* includes current news, feature articles, interviews, factsheets, and reviews and covers topics such as treatment, public health, education and prevention, criminal justice and international issues.

Drugs: Education, Prevention & Policy – a peer-reviewed journal which provides a forum for communication and debate between policy makers, practitioners and researchers concerned with social and health policy responses to legal and illicit drug use and drug-related harm. This journal has published Irish drug-related research and includes Dr Shane Butler, TCD, and Dr Mark Morgan, St. Patrick's College Drumcondra, on its editorial board.

European Addiction Research – a unique international forum for the exchange of interdisciplinary information and expert opinion on all aspects of addiction research. The journal's broad scope and cross-cultural perspective reflect the importance of a comprehensive approach to resolving the problems of substance abuse and addiction in Europe. Coverage ranges from clinical and research advances in the fields of psychiatry, biology, pharmacology and epidemiology to the social and legal implications of policy decisions. In recent years this journal has published Irish drug-related research.

Harm Reduction Journal – a new online journal that provides free access to peer-reviewed research and focuses on prevalence of psychoactive drug use, public policy, harm reduction, public health, and the social consequences associated with drug use and drug policies, in particular changing patterns of drug use and their implications for the spread of HIV / AIDS and other bloodborne pathogens.

International Journal of Drug Policy – provides a forum for the dissemination of current research, reviews, debate, and critical analysis on drug use and drug policy in a global context. It seeks to publish material on the social, political, legal, and



The National Documentation Centre journal collection *(continued)*

health contexts of psychoactive substance use, both licit and illicit. The journal is particularly concerned to explore the effects of drug policy and practice on drug-using behaviour and its health and social consequences. This journal has published Irish drug-related research in recent years.

Of Substance – The national magazine on alcohol, tobacco and other drugs – an Australian magazine for the drug, alcohol and tobacco and other drugs sector (ATOD). Funded by the Australian Department of Health and Ageing, the magazine's target audience is the frontline ATOD workforce in Australia. The magazine is also aimed at policy makers, academics and others interested in ATOD issues. The magazine's main purpose is to disseminate current research and best practice to the ATOD field in plain English.

Substance Use & Misuse – publishes peer-reviewed research and provides an international and multidisciplinary environment for the exchange of facts, theories, opinions, and issues concerning substance use and misuse of licit and illicit drugs, alcohol, nicotine, and caffeine. The journal also addresses issues around eating disorders and gambling.

New Service
Keeping informed of current research and best practice is an important part of professional development. Drug sector workers and others with an interest in drugs and alcohol issues can inform themselves by reading some of the many journals and newsletters available in the NDC.

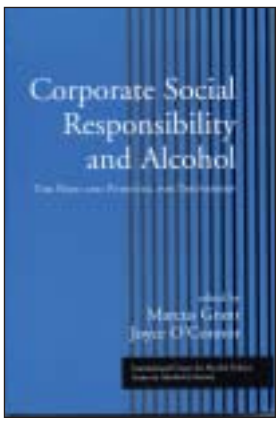
Visitors to the NDC library are welcome to browse the journal collection during opening hours. However, to accommodate our nationally dispersed users, the NDC has also put in place an 'Alert Service' for users who cannot visit the library on a regular basis or those who prefer to receive electronic content. *(Louise Farragher)*

If you would like to receive the tables of contents of selected journals, newsletters or magazines via email on a regular basis, please email Louise Farragher, Information Specialist in the NDC, (louise@hrb.ie) and ask for a 'Table of Contents Request Form.' When you complete and return this form, we will send the tables of contents of your selected journals to your email address on a regular basis.

The National Documentation Centre on Drug Use is funded by the Department of Community, Rural and Gaeltacht Affairs under the National Development Plan 2000–2006

Recent publications

Books



Corporate social responsibility and alcohol: the need and potential for partnership
Grant M and O'Connor J (eds)
Routledge 2005, pp. 224.
ISBN 0 415 94948 3

This is the eighth book in the International Center for Alcohol Policies (ICAP) series on alcohol in society. ICAP is a not-for-profit organisation funded by ten international alcohol companies, some of which have contributed to this volume. The book is co-edited by Joyce O'Connor, president of the National College of Ireland, who has served as chair of the World Health Organization expert committee on alcohol and the workplace.

This book advances the debate on the rights and responsibilities of those involved in developing alcohol policies by exploring the relationship between alcohol, ethics and corporate social responsibility (CSR). CSR involves a broad commitment by companies to social welfare and the common good and to the policies that support them. This volume examines the need and potential for CSR in the beverage alcohol industry and discusses the issues involved in terms of alcohol policy, public–private partnership, public health perspectives and government regulation. A number of chapters focus on CSR as applied to the advertising of alcohol and its promotion to young people, setting standards for responsible consumer marketing, and developing solutions for abusive drinking on campus. Further chapters present examples of practices to be encouraged and avoided, successful alcohol education programmes, and guidelines for responsible action and commitment to positive values already inherent in the industry. Each chapter is followed by a comprehensive list of references and the book has an eight-page index.

Substance misuse in pregnancy: a resource book for professionals
2nd edition, *DrugScope* 2005, pp. 128.
ISBN 1904319 351

Based on an original publication by the Lothian Health Board in 2003, this book aims to establish a 'framework for care' so that all women who use drugs can be offered appropriate support before,

Recent publications *(continued)*

during and after the birth of their child. Described as a 'resource pack' the book is directed at GPs, nurses, midwives, drug workers, health visitors, social workers and students from all disciplines. While the book takes a broad view of drug use that includes alcohol and nicotine, it refers mainly to the care of women who have significant problems related to drug and alcohol use. Social and lifestyle factors often complicate the delivery of care to these women, and much co-ordination and understanding between services is needed.

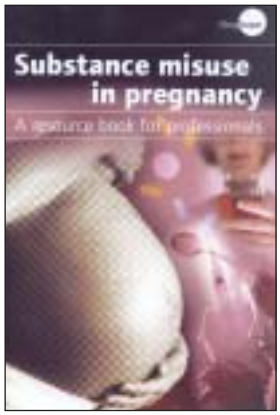
The opening chapters give a concise listing of key points, a description of the nature and extent of the problem, and an outline of the 'philosophy of approach'. Written in jargon-free language by professionals in the field, the book discusses and provides information and intervention strategies on issues such as pre-conception care, the management of substance use in pregnancy, substitute prescribing, breastfeeding and Neonatal Abstinence Syndrome (NAS). The information and advice is based on current best practice and available evidence. The appendices comprise 11 information leaflets (useful templates that can be adapted by any service) that aim to improve liaison among the professionals involved as well as acting as a valuable source of information for the service user.

Druglink guide to UK drug policy

Baker B (text), Shapiro H (ed) *DrugScope* 2004, pp. 115
ISBN 1904319181

This is the first edition of a unique publication that details the history of the UK drug strategy and explains current initiatives in each of the key areas identified in the *Updated Drug Strategy* (2002). The book aims to clarify the complex matrix of activity, involving an array of networks, partners, initiatives and funding streams at local, regional and central levels (with a bewildering set of acronyms and initials), that has developed in the UK drugs field in the past ten years.

A three-page commentary on the evolution of UK drugs policy introduces the book. The first chapter gives a concise overview, in tabular format, of key events and significant documents from the setting up of the task force to review services for drug misusers in April 1994 to the re-classification of cannabis in January 2004. The next chapter gives the detail behind these events and documents, tracing the changes in approach and the switching of responsibilities between departments and agencies as the government attempted to develop a unified strategy with a linked approach. The next chapter attempts to explain the complex ways in which the 2002 updated strategy is organised and the responsibilities for its various elements, and outlines current developments in key areas. The drug strategies of Scotland, Wales and Northern Ireland are outlined. A summary analysis presents the pros and cons of the current strategy and points to some major challenges facing it. A comprehensive 50-page glossary lists and explains the broad range of agencies, networks and initiatives involved.



Journal articles

The following abstracts are from a selection of articles relating to the drugs situation in Ireland recently published in international journals.

MDMA and sexual behaviour: ecstasy users' perceptions about sexuality and sexual risk

McElrath K
Substance Use & Misuse 2005; 40 (9–10): 1461–1477

This study examines the relationship between MDMA (Ecstasy), sexual behaviour, and sexual risk taking. The sample consisted of 98 current and former users of MDMA. Several strategies were utilised to recruit respondents and data were collected through in-depth interviews during 1997 and 1998. The majority of respondents had used MDMA during the six-month period prior to the interview and a large percentage had consumed the drug on 100 occasions or more. Most respondents reported feelings of emotional closeness while consuming MDMA but without the desire for penetrative sex. Others, however, reported that MDMA increased sexual arousal and some respondents (in particular, gay and bisexual females) had used MDMA specifically for sexual enhancement. Sexual risk taking (e.g., having multiple partners, engaging in sex without a condom) was prevalent among respondents who did engage in sexual activity during MDMA episodes. Explanations for the findings are offered and implications for prevention and intervention are discussed.

Neurocognitive insights into substance abuse

Garavan H and Stout JC
Trends in Cognitive Sciences 2005; 9(4): 195–201

Cognitive studies are revealing key aspects of how drug abusers monitor and respond to negative feedback differently from non-abusers, and in doing so are adding an important piece to the conceptual puzzle that must be solved to understand, treat, and prevent drug abuse. In this review, the authors bring together two quite different lines of research, one addressing the selection of gambles in a risky decision task, and the other focused on imaging neural systems related to the detection and processing of errors. The authors suggest that diminished behavioural control, which is a cardinal feature of drug abuse, may be linked to alterations in the psychological and neural mechanisms that detect error signals and which, in turn, lead to optimisation of behavioural responses.

Recent publications *(continued)*

The Irish Affected Sib Pair Study of Alcohol Dependence: study methodology and validation of diagnosis by interview and family history

Prescott CA, Sullivan PF, Myers JM, Patterson DG, Devitt M, Halberstadt LJ, Walsh D and Kendler KS
Clinical & Experimental Research 2005; 29(3): 417–429

This article is the first report of the Irish Affected Sib Pair Study of Alcohol Dependence, whose goal is to detect the genomic location of susceptibility loci for alcohol dependence (AD). This article describes phenotypic characteristics of the probands, siblings, and parents included in the sample and examines agreement among different sources of diagnostic information, including the validity of family history (FH) assessment. The authors concluded that individuals with AD were able to provide accurate evaluations of alcoholism symptoms in their parents and adult siblings. A single screening item performed nearly as well as the full scale. Collecting information from multiple informants may not be cost effective for the gain in predictive accuracy. FH information collected from affected informants can be a valuable source of diagnostic information for family studies of alcoholism.

Bloodborne virus infections among drug users in Ireland: a retrospective cross-sectional survey of screening, prevalence, incidence and hepatitis B immunisation uptake

Grogan L, Tiernan M, Geoghegan N, Smyth B and Keenan E
Irish Journal of Medical Science 2005; 174(2): 14–20

Injecting drug users are at high risk of bloodborne viral infections, including hepatitis C (HCV), hepatitis B (HBV) and HIV. The aim of this article is to document screening for and immunisation against bloodborne viruses and to determine the known prevalence and incidence of these infections. The authors conducted a cross-sectional survey of clients attending 21 specialist addiction treatment clinics in one health board area in greater Dublin. Data were collected on demographic characteristics, serology for HCV, HBV and HIV and immunisation against HBV. The authors conclude that the proportion of clients screened for HCV, HBV and HIV infection has increased since the introduction of a screening protocol in 1998. Targeted vaccination against hepatitis B for opiate users is more successful than previously shown in Ireland. The prevalence and incidence of bloodborne viruses remains high among opiate users attending addiction treatment services, despite an increase in availability of harm reduction interventions.

Patient-controlled benzodiazepine dose reduction in a community mental health service

Bangaru R and Meagher D
Irish Journal of Psychological Medicine 2005; 22(2): 42–45

This article details a patient-controlled benzodiazepine discontinuation programme in a generic multidisciplinary community mental health service. A prescribing audit identified suboptimal benzodiazepine use which stimulated a discontinuation programme (prescribing policy, psycho-education, anxiety management) to encourage benzodiazepine cessation. Benzodiazepine status was re-assessed at 12- and 24-month follow-ups. Benzodiazepine status at follow-up was predicted by attendance at anxiety management sessions and shorter duration of benzodiazepine use. Patients attending anxiety management sessions were 2.5 times more likely to reduce use. Discontinuation followed four patterns: (a) rapid and complete discontinuation (n = 19); (b) total discontinuation in a gradual manner (n = 13); (c) partial dose reduction without total discontinuation (n = 18) and (d) almost total discontinuation with continued low-dose use (n = 8). The patients who achieved total discontinuation were younger and in receipt of benzodiazepine agents for a shorter duration. At 24-month follow-up only three patients had relapsed into benzodiazepine use and a further 13 had achieved total discontinuation. The authors conclude that many chronic benzodiazepine users can achieve lasting discontinuation with patient-controlled dose tapering. Patient refusal and service dropout are common during discontinuation programmes. Anxiety management is a valuable adjunct to discontinuation.

Methylenedioxymethamphetamine suppresses production of the proinflammatory cytokine tumor necrosis factor-alpha independent of a beta-adrenoceptor-mediated increase in interleukin-10

Connor TJ, Harkin A and Kelly JP
Journal of Pharmacology & Experimental Therapeutics 2005; 312(1):134–43

Recent data suggest that 3,4-methylenedioxymethamphetamine (MDMA; 'Ecstasy') has marked immunosuppressive properties. In this study, we investigate the effect of MDMA on production of the anti-inflammatory cytokine interleukin (IL)-10 in response to an in vivo challenge with bacterial lipopolysaccharide (LPS). Our data demonstrate that both acute and repeated administration of MDMA increases production of LPS-induced IL-10 in vivo, and this increase correlates inversely with the ability of MDMA to suppress the proinflammatory cytokine tumor necrosis factor (TNF)-alpha. Despite this correlation, immunoneutralization of IL-10 does

Recent publications *(continued)*

not reverse the suppressive effect of MDMA on LPS-induced TNF-alpha production, indicating that suppression of this proinflammatory cytokine is not mediated by IL-10. In vitro exposure to MDMA does not mimic the immunosuppressive cytokine phenotype induced in vivo, suggesting that these immunosuppressive effects are not mediated by a direct action on monocytes per se. As MDMA activates that hypothalamic pituitary adrenal axis and sympathetic nervous system, we examined the role of glucocorticoids and catecholamines in its immunosuppressive actions. However, the immunosuppressive cytokine phenotype induced by MDMA was not altered by adrenalectomy, sympathetic denervation, or ganglionic blockade, indicating that neither glucocorticoids nor adrenal/sympathetic-derived catecholamines mediate these immunosuppressive effects of MDMA. Interestingly, beta-adrenoceptor blockade completely inhibited the increase in IL-10 induced by MDMA without altering the suppression of TNF-alpha. Taken together, these data demonstrate a role for beta-adrenoceptor activation in the ability of MDMA to increase LPS-induced IL-10 and highlight a mechanistic dissociation between the ability of MDMA to increase IL-10 and suppress production of the proinflammatory cytokine TNF-alpha.

Experience of hepatitis C among current or former heroin users attending general practice

Cullen W, Kelly Y, Stanley J, Langton D and Bury G
Irish Medical Journal 2005; 98(3):73–4

The majority of injecting drug users in Ireland are infected with hepatitis C (HCV) and many attend general practice for methadone maintenance treatment. To describe awareness and experience of HCV infection, related investigations and treatment, a semi-qualitative interview study of current or former heroin users attending a general practice was carried out. Twenty-five patients (69% of total) were interviewed, of whom 23 were on methadone maintenance therapy at the time of the interview and 22 were HCV positive. While awareness of harm reduction measures and health implications of the infection was good, continued high-risk activity was common. Negative experiences of diagnosis, of subsequent investigations and of treatments received were common. Only one person had been treated for HCV. We conclude that there are a number of barriers to effective HCV management among heroin users and that further research is needed to improve our understanding of this issue.

Cocaine dependence and attention switching within and between verbal and visuospatial working memory

Kubler A, Murphy K and Garavan H
European Journal of Neuroscience 2005; 21(7):1984–92

Many studies have shown the negative effects of cocaine on neuropsychological and cognitive performance in drug-dependent individuals, but little is known about the underlying neuroanatomy of these dysfunctions. The present study addressed attention-switching between items held in working memory (WM) by means of a task in which subjects were required to store and update two items held in verbal or visuospatial WM. Attention-switching frequency varied between trials, thereby allowing us to isolate the switching component of task performance. Behavioural data revealed that cocaine addicts performed worse than healthy controls in all tasks. On the visuospatial task, addicts performed at chance levels revealing particular impairment in visuospatial WM. On the verbal task, in which controls and users could be matched for performance, we identified attenuated responses in prefrontal and cingulate cortices and in striatal regions, while other areas such as dorsolateral prefrontal cortex did not differ between healthy controls and users. The results reveal that addiction may be accompanied by specific rather than ubiquitous hypoactivation in prefrontal and subcortical areas and suggest a compromised ability in users to control their attention to their thoughts as might be particularly relevant when required to switch away from drug-related thoughts, and thus the dysfunction in attention-switching may contribute to the maintenance of addiction.

(Compiled by Joan Moore and Louise Farragher)

Upcoming events

September

29 September 2005

Mapping, Analysing and Tackling Drug Markets

Venue: Central London (Tbc)

Organised by / Contact: Policy Spotlight Ltd
6th Floor, Portland House, Stag Place
London SW1E 5RS, UK
Tel: +44 (0) 870 351 8720
Fax: +44 (0) 870 351 8721
www.policyspotlight.co.uk

Information: Since the publication of the UK National Drug Strategy, considerable progress has been made on increasing treatment provision, improving drug education and tackling drug-related crime. However, there has been less success in reducing the overall level of drugs available in the UK. This conference seeks to stimulate positive responses to tackling the supply of drugs and deal with the dealers. Combining presentations from researchers and practitioners, it sets out a number of key challenges for those involved in trying to reduce the availability of illegal drugs.

29 September 2005

School and Family-based Programmes for Preventing Substance Misuse. *Addiction Research Centre 5th Annual Conference*

Venue: Edmund Burke Theatre, Arts Building, Trinity College Dublin

Organised by / Contact: Fiona Clarke, Addiction Research Centre, M45 Goldsmith Hall, Trinity College Dublin
Tel: + 353 (0) 1 608 3647
Fax: + 353 (0) 1 608 3790

Information: This year's conference is intended to offer participants from a range of backgrounds the opportunity to reflect on this theme, to acknowledge and engage with the complexity of the issues, and to see how in practical terms we can make progress in reducing the prevalence of drug and alcohol problems in Irish society.

October

13–15 October 2005

Habits of a Lifetime: Habits and behaviours in addictions over the past 25 years, the past, present and future. *Elisad (European Association of Libraries and Information Services on Alcohol and other Drugs) 17th Annual Conference*

Venue: Oslo, Norway

Organised by / Contact: Brian Galvin, National Documentation Centre on Drug Use, Holbrook House, Holles Street, Dublin 2, Ireland
Tel: +353 (0) 1 676 1176 ext 168
Fax: +353 (0) 1 661 8567
Email: bgalvin@hrb.ie

Information: Specialists from Norway and elsewhere will give an overview of trends relating to drugs, alcohol and smoking and their impact upon everyday matters such as driving, the workplace, and communicable diseases such as hepatitis C. Planned workshops on information issues include: access to electronic journals, the role of the information specialist in a virtual environment, a review of addiction databases and resources and an update on Elisad's activities.

14 October 2005

National Conference on Injecting Drug Use

Venue: Victoria Park Plaza Hotel, London

Organised by / Contact: Monique Tomlinson
Tel: +44 (0) 20 7928 9152
Email: info@exchangesupplies.org
www.exchangesupplies.org

Information: Key topics covered will include: injecting injuries and wound care: causes and treatment; increasing coverage; outreach, mobile and peer-delivered services; injecting rooms and working with injectors of performance-enhancing drugs.

22 October 2005

Drugs: Issues and Experiences

Venue: All Hallows College, Dublin

Organised by / Contact: Community Awareness of Drugs (CAD)

Cost: €60 (includes course materials, lunch and refreshments). To reserve a place, send €20 non-refundable deposit to CAD by 17 October.
Tel: +353 (0) 1 679 2681
Email: communityawareness@eircom.net

Information: This one-day training event will be of interest to public sector, community and youth workers concerned with addiction issues. It will provide a thorough introduction to substance misuse – the effects and risks, drug-use patterns and emerging trends – with practical examples of brief interventions that can be used in a variety of settings. Principal speakers are Dr Des Corrigan (chair of the National Advisory Committee on Drugs) and Paul Delaney (Centre of Achievement in Motivation). There will also be an opportunity to hear from young people in recovery and representatives from family support groups, who will share their personal experiences.

Upcoming events *(continued)*

23–28 October 2005

48th International ICAA Conference on dependencies: Science, Politics and the Practitioners

Venue: Corinthia Royal Grand Hotel, Budapest

Organised by / Contact: International Council on Alcohol and Addictions
www.icaa.hu

Information: The International Council on Alcohol and Addictions (ICAA) is a non-governmental organisation. This event coincides with the 100th anniversary of the Tenth International Congress Against Alcoholism which was held in Budapest in 1905 and which set the stage for the founding of ICAA in 1907. The conference provides a unique opportunity to meet and exchange views with international experts as well as with delegates from around the world. The programme covers the entire field of the addictions, with plenary sessions featuring leading scholars, and hundreds of learned papers from speakers representing some 22 sections of ICAA.

27–29 October 2005

16th Annual Conference of the European Society for Social Drug Research (ESSD)

Venue: Manchester

Organised by / Contact: Jane Fountain or Dirk Korf, c/o DrugScope, 32–36 Loman Street, London SE1 OEE
Tel: +44 (0) 20 7928 1211
Fax: +44 (0) 20 7922 8780
Email: JFountain1@uclan.ac.uk, korf@jur.uva.nl

Information: This year's conference themes are: methodological perspectives in drug research; trends and patterns in drug use; drug distribution; drug use and crime; and concept analysis of the drugs discourse.

November

7 November 2005

Annual Drug and Alcohol Professionals Conference

Venue: London (Royal Institute of British Architects)

Organised by / Contact: Federation of Drug & Alcohol Professionals
Tel: +44 (0) 870 763 6139
Email: office@fdap.org.uk
www.fdap.org.uk

Information: At this year's annual Drug and Alcohol Professionals Conference, front-line workers, line managers and commissioners will have the chance to attend practice-focused workshops and seminars on a wide range of policy and practice issues, hear from leading figures about the likely future of drug and alcohol use and related-services, and have their say on some of the major issues facing workers in the field.

16–18 November 2005

The 9th International Hepatitis C Conference: Pushing Perceptions to Challenge Prevention, Treatment and Care

Venue: Mercure Hotel Berlin, Tempelhof Airport, Berlin

Organised by / Contact: Mainliners, UK Hepatitis C Resource Centre, 195 Old Kent Road, London SE1 4AG
Tel: +44 (0) 20 7378 5495.
Email: hepcconf@mainliners.org.uk
www.hepccentre.org.uk/INThcv.htm

Information: This year's International Hep C Conference is being held in Berlin during German Liver Week. It will debate current thinking and challenge future practice in relation to hepatitis C prevention, testing and treatment. Workshops will focus on risk groups, access to treatment and how to engage and retain individuals in care, to produce a series of international conference recommendations in each area.

17–18 November 2005

Society for the Study of Addiction: Annual Symposium 2005. If we did have evidence-based policy and practice, what would they look like?

Venue: York Viking Moat House Hotel, York

Organised by / Contact: Paula Singleton, Society for the Study of Addiction, Leeds Addiction Unit
Tel: +44 (0) 113 295 1315
Fax: +44 (0) 113 295 2789
Email: p.singleton@nhs.net
www-users.york.ac.uk/~sjp22/addiction/index.htm

Information: What does the evidence tell us about policy and practice? This conference will address issues of evidence-based policy and practice. It will pose such questions as: What do governments have in their power to do to reduce alcohol-, drug- and tobacco-related harm? Why don't they take these actions?

December

7 December 2005

Something in the mind: drugs and the mental health of young people

Venue: Austin Court, Birmingham

Organised by / Contact: Pavilion conferences
Tel: +44 (0) 1273 623 222
Email: info@pavpub.com
www.pavpub.com

Information: The debate over cannabis is only one example of much wider concerns about the effects of drugs and the mental health of young people. Yet it is the physical and social effects of drugs misuse that grab the attention of the media, public and politicians.

This conference will feature plenaries on policy issues and workshops looking at good practice.

Upcoming events *(continued)*

January – March 2006

Employee Drug Testing – Complying with the Safety, Health & Welfare at Work Act 2005

Thursday 19 January 2006
Venue: Stillorgan Park Hotel, Dublin

Thursday 2 February 2006
Venue: Clarion Hotel, Limerick

Thursday 2 March 2006
Venue: Radisson Hotel, Cork

Organised by / Contact: Caroline Cahill, EAP Institute, 143 Barrack Street, Waterford.
Tel: +353 (51) 855733
Fax: +353 (51) 879626
Email: eapinstitute@eircom.net

March 2006

9–10 March 2006

2006 National Drug Treatment Conference

Venue: UK, to be announced

Information: Five major themes will be addressed by the conference: Marginalised groups; Key clinical issues; Prison healthcare; Commissioning; Pharmacy services.

Call for papers:
Papers and ideas for presentations are welcomed. We invite prospective delegates to submit short papers relevant to the conference themes. Submissions may be accepted for either oral paper presentations or poster displays. All abstracts will be peer reviewed and judged on their relevance to the conference. The deadline for abstracts is 1 December 2005. All received abstracts will be acknowledged by return e-mail within two working days. Please send submissions to monique@exchangesupplies.org

(Compiled by Louise Farragher)

The Drug Misuse Research Division (DMRD) of the Health Research Board is a multi-disciplinary team of researchers and information specialists who provide objective, reliable and comparable information on the drug situation, its consequence and responses in Ireland. The DMRD maintains two national drug-related surveillance systems and is the national focal point for the European Monitoring Centre for Drugs and Drug Addiction. The Division also manages the National Documentation Centre on Drug Use. The DMRD disseminates research findings, information and news through its quarterly newsletter, *Drugnet Ireland,* and other publications. Through its activities, the DMRD aims to inform policy and practice in relation to drug use.

***Drugnet Ireland* mailing list**
If you wish to have your name included on the mailing list for future issues of *Drugnet Ireland,* please send your contact details to the Administrative Assistant, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2.
Tel: 01 676 1176 Ext 127; Email: dmrd@hrb.ie

Please indicate if you would also like to be included in the mailing list for *Drugnet Europe* and *Drugs in focus.*

The documents referred to in this issue of *Drugnet Ireland* are available in the National Documentation Centre on Drug Use at the above address. Tel: 01 676 1176 Ext 175; Email ndc@hrb.ie